

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for the Advancement of Students and Education</b>							
Full Name of Contributor <b>Harley Williams</b>						Registration Number, if PAC	
Street Address <b>315 N. Ardmore Rd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PayPal transfer</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>1</b>	D <b>0</b>	Y <b>1 2 1 6</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Jennifer Bunker</b>						Registration Number, if PAC	
Street Address <b>188 N. Stanwood Rd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PayPal transfer</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>1</b>	D <b>0</b>	Y <b>1 9 1 6</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Melissa LaCroix</b>						Registration Number, if PAC	
Street Address <b>254 Ashbourne Pl.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>0 7 1 6</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Melissa LaCroix</b>						Registration Number, if PAC	
Street Address <b>254 Asbourne Pl</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>1</b>	D <b>0</b>	Y <b>1 2 1 6</b>	Amount <b>\$400.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]