

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Accountability and Results in Education							
Full Name of Contributor First Financial Bank					Registration Number, if PAC		
Street Address 2680 East Main St		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City Bexley	State O	Zip Code H 43209	M 0	D 6	Y 3	Amount 0.10	
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	
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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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 0.10