

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for the Advancement of Students and Education</b>							
Full Name of Contributor <b>Laura Lipsett</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PayPal transfer</b>		
City	State <b>O   H</b>	Zip Code	M <b>1   1</b>	D <b>1   6</b>	Y <b>1   6</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>Kyle Smith</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PayPal transfer</b>		
City	State	Zip Code	M <b>1   1</b>	D <b>1   6</b>	Y <b>1   6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Marlee Snowdon</b>					Registration Number, if PAC		
Street Address <b>326 N. Columbia</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PayPal transfer</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   2</b>	D <b>0   5</b>	Y <b>1   6</b>	Amount <b>189.92</b>	
Full Name of Contributor <b>Michael Denison</b>					Registration Number, if PAC		
Street Address <b>663 Montrose Ave.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   0</b>	D <b>2   8</b>	Y <b>1   6</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>Barbara and Gary Giller</b>					Registration Number, if PAC		
Street Address <b>210 Stanberry Ave.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   0</b>	D <b>2   8</b>	Y <b>1   6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Betty Ann and Norman Wernet</b>					Registration Number, if PAC		
Street Address <b>2585 Bexley Park Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   0</b>	D <b>2   8</b>	Y <b>1   6</b>	Amount <b>40.00</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	

\* 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)]