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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	. damta a	ت تالي							
Citizens for the Advancement of Stu	idents a	na E	aucation	Registr	ration	Nun	nber, if	DAC	-
Laura Lipsett				rtog.st	ucion	,,,,,,,	1001, 11	1710	•
Street Address	Employe	т/Оссир	ation/Labor Organization*					F	form (Cash, Check, etc.)
		·	v						PayPal transfer
City	Sta	ate	Zip Code	М	Γ)	Y	Α	Amount
	0	Н		1 1	1	6	110	6	75.00
Full Name of Contributor	-			Registr	ration	Nun	nber, if	PAC	
Kyle Smith									
Street Address	Employe	Employer/Occupation/Labor Organization*						F	Form (Cash, Check, etc.) PayPal transfer
City	Sta	ate	Zip Code	М	1	-	Y	Α	Amount
			'	1111			1110	6	100.00
Full Name of Contributor			<u> </u>	Registr	ration		iber, if		
Marlee Snowdon									
Street Address	Employe	г/Оссир	ation/Labor Organization*					F	orm (Cash, Check, etc.)
326 N. Columbia								┸	PayPal transfer
City	Sta		Zip Code	M	L		Y		Amount
Columbus Full Name of Contributor	ĮΟ	Н	43209	$1 \mid 2$		5		6	189.92
Michael Denison				Registi	ration	Nun	nber, if	PAC	j
Street Address	Employe	r/Oceun	ation/Labor Organization*					F	form (Cash, Check, etc.)
663 Montrose Ave.	Limpioye	., O C C C C	organization					Ĺ	Check
City	Sta	ate	Zip Code	M	Ī	,	Y	A	Amount
Columbus	0	Η	43209	1 0) 2	8	110	6	75.00
Full Name of Contributor	•		****	Registi			iber, if	_	
Barbara and Gary Giller									
Street Address	Employe	r/Occup	ation/Labor Organization*					F	form (Cash, Check, etc.)
210 Stanberry Ave.			Ia: a t	1	1 -		T	4	Check
Columbus	Sta	ile H	Zip Code	$M_{1 \cup C}$			Y		Amount
Columbus Full Name of Contributor	O	11	43209	1 (_	8 Num	1 (nber, if		100.00
Betty Ann and Norman Wernet				Registi	anon	. ••	noci, n		
Street Address	Employe	г/Оссир	ation/Labor Organization*					F	form (Cash, Check, etc.)
2585 Bexley Park Rd.		-	-						Check
City	Sta	ate	Zip Code	М	1)	Y	Α	Amount
Columbus	0	Н	43209	1 0	2	8	[1]	6	40.00
Full Name of Contributor				Registı	ration	Nun	nber, if	PAC	
Street Address	Employe	r/∩ceun	ation/Labor Organization*					F	form (Cash, Check, etc.)
Succi Address	Employe	посыр	action Cagainzanon					ľ	om (casa, check, etc.)
City	Sta	ate	Zip Code	М	I)	Y	A	Amount
Full Name of Contributor				Pagists	ration	Nim	nber, if	DAC	<u> </u>
run rame of Commont				Kegisti	Iauon	14111	iibei, ii	. FAC	~
Street Address	Employe	r/Occup	ation/Labor Organization*					F	form (Cash, Check, etc.)
			In a	-			1 .	4	
City	Sta	ate	Zip Code	M		ر ا	Y	Α	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 \$ 579.92