31-A	
R.C. 3517.10	

## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for the Advancement of	f Students and Educa	ation	- 1 - 1 1		
Full Name of Contributor Michael Johnson	<u> </u>		Registration Number, if F	PAC	
Street Address 2778 Bryden Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) PayPal transfer	
City Columbus	State OH	Zip Code 43209	M D Y O 8 2 5 1 6	Amount \$100.00	
Full Name of Contributor Jeffrey Walker			Registration Number, if f	PAC	
Street Address 200 S. Drexel Ave.	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal transfer	
City Columbus	State OH	Zip Code 43209	0 8 2 5 1 6	Amount \$100.00	
Full Name of Contributor Pamela Hagely	Registration Number, if I	PAC			
Street Address 992 Montrose Ave.	Employer/Oceu	pation/Labor Organization*		Form (Cash, Check, etc.) PayPal transfer	
City Columbus	State OH	Zip Code 43209	0 9 1 2 1 6	Amount \$200.00	
Full Name of Contributor  Registration Number, if PAC  Marlee Snowdon					
Street Address 326 N. Columbia Ave.	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.) PayPal transfer	
City Columbus	State OH	Zip Code 43209	M D Y 0 9 2 2 1 6	Amount \$500,00	
Full Name of Contributor Christopher Essman			Registration Number, if I	PAČ	
Street Address 692 S. Remington Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) PayPal transfer	
City Columbus	State OH	Zíp Code 43209	0 <sup>M</sup> 9 2 4 1 6	Amount \$150.00	
Full Name of Contributor  Registration Number, if PAC  Jeffrey Walker					
Street Address 200 S. Drexel Ave.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) PayPal transfer	
City Columbus	State OH	Zip Code 43209	0 9 2 7 1 6	Amount \$100.00	
Full Name of Contributor Julie Eikenberry	PAC				
Street Address 2490 Bexford Pl.	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal transfer	
City Columbus	State OH	Zip Code <b>43</b> 209	M D Y 1 0 0 2 1 6	Amount \$100.00	
Full Name of Contributor Michael Johnson			Registration Number, if I	PAC	
Street Address 2778 Bryden Rd.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) PayPal transfer	
City Columbus	State OH	Zip Code 43209	1 0 1 2 1 6	Amount \$200.00	

<sup>\*</sup> 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)]