

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Accountability and Results in Education							
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	
First Bank of Bexley							
2680 East Main St							
Bexley	O H	43209	0	6	3	1	1.16
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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* 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 \$ 1.16