Page 1
--------

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

No				_			
Name of Committee in Full	1	••					
Citizens for Accountability and Res	suits in Educa	uon	In the	<del></del>			
				Registration Number, if PAC			
First Financial Bank Street Address	lr . o					T	
	Employer, Occi	ipation/Labor Organization*				Form (Cash, Check, etc.)	
2680 East Main St		la: 0 1	T	T	1		
City	State	Zip Code	M	D	Y	Amount	
Bexley	OIH	43209			1 5		
Full Name of Contributor			Registri	ation Nun	nber, if PA	C	
Street Address	Employer Occu	pation/Labor Organization*	. —			Form (Cash, Check, etc.)	
		••••••••••••••••••••••••••••••••••••••				0.000	
City	State	Zip Code	М	Ð	Y	Amount	
	1 1			1 1	1		
Full Name of Contributor		<del></del>	Registra	ation Nun	ber, if PA	С	
[ [							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	<u> </u>						
Full Name of Contributor	_		Registra	ation Nun	iber, if PA	c	
Street Address	Employer Occu	pation/Labor Organization*	,			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
					1		
Full Name of Contributor			Registra	ation Nur	ber, if PA	c	
Street Address	Employer Open	pation/Labor Organization*				Form (Cash, Check, etc.)	
Succe Addiess	rampioyer/occe	panon taboi Organization				roim (Casil, Check etc.)	
City	State	Zip Code	М	D	ΙΥ	Amount	
City	State	Zip Code	";		'	Amoun	
Full Name of Contributor	į į		Registra	tion Num	her if PA		
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
			-				
City	State	Zip Code	М	Ð	Y	Amount	
			1 1				
Full Name of Contributor	, ,		Registra	tion Nur	ber, if PA	С	
	•						
Street Address	Employer Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
				1			
Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA	c	
Street Address	Employer, Occu	Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
		1			1		
· · · · · · · · · · · · · · · · · · ·							

Page Total \$	1.17

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)]