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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			·		_			
Name of Committee in Full								
Citizens for Accountability and Resul	<u>ts in Edu</u>	cati	ion					
Full Name of Contributor						AC		
First Bank of Bexley	_							
Street Address	Employer/O	ecupat	ion/Labor Organization*					Form (Cash, Check, etc.)
2680 East Main St	l l							
City	State		Zip Code	M	D	Т	Y	Amount
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Full Name of Contributor			10207		ation No	mbe ⊥		
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Street Address	Employer/O	leen mat	tion/Labor Organization*	<u> </u>	_			Form (Cash, Check, etc.)
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City	State		Zip Code	М	D		Y	Amount
City	State		Zip Code	"	'`,	- 1	1	Amount
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Full Name of Contributor				Registi	ration N	ımb	er, if P	AC
Street Address	Employer/O	ccupat	tion/Labor Organization*					Form (Cash, Check, etc.)
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City	State		Zip Code	М	D	T	Y	Amount
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Full Name of Contributor	<u> </u>		<u> </u>	Regist	ation N	mb	er, if P.	AC
Street Address	Employer/O	ccupat	tion/Labor Organization*		_		-	Form (Cash, Check, etc.)
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Full Name of Contributor				Kegist	ration N	amo	ы, ц г.	AC
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City	State		Zip Code	М	D	П	Y	Amount
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Full Name of Contributor				Regist	ration N	umb	er. if P	AC .
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Street Address	Employer/O)ccura:	tion/Labor Organization*	Ь				Form (Cash, Check, etc.)
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City	State		Zip Code	M	D	- 1	Y	Amount
<u> </u>				<u> </u>		1		<u> </u>
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State		Zip Code	М	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 \$	1.85