

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page **2**

Name of Committee in Full Community Partnership for Education							
Full Name of Contributor See Attached Spreadsheet						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH <input checked="" type="checkbox"/>		Zip Code		M D Y Amount \$3,342.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH <input checked="" type="checkbox"/>		Zip Code		M D Y Amount	
Full Name of Contributor						Registration Number, if PAC	
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City		State OH <input checked="" type="checkbox"/>		Zip Code		M D Y Amount	
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City		State OH <input checked="" type="checkbox"/>		Zip Code		M D Y 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$3,342.00**