Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full						
Community Partnership for Educated Pull Name of Contributor	ition					
See Attached Spreadsheet		Registration Number, if PAC				
Street Address	Employer/Ox	copation/Labor Organization*				Form (Cash, Check, e
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	ОН		Rosist	ration No	mber if	\$3,320.00
Street Address						
	Employer/Oc	cupation/Labor Organization				Form (Cash, Check, e
City	State OH	Zip Code	М	D	M	Amount
Ill Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Oc	cupation/Labor Organization				Form (Cash, Check, et
City	State	Zip Code				(,, ,
Full Name of Contributor	ОН		M	D	Y	Amount
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	State	Zip Code	M	D	Y	Amount
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ity	State	Zip Code	N.	D,	<u>v</u>	Amount
Ill Name of Contributor	OH				Y	Amount
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rect Address	Employer/Occu	pation/Labor Organization	 			Form (Cash, Check, etc.)
ny .	State	Zip Code	M	D	Y	Amount
Il Name of Contributor	- 011	<u> </u>	Registrati	ion Numi	ect, if P	NC -
eet Address	Employer/Occur	ostion/Labor Organization				Form (Cash, Check, etc.)
y	State					
	оĤ	Zip Code	M	D	Y	Amotins

Page Total \$3,320.00

^{*} 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)]