

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Community Partnership For Education Full Name of Contributor See Attached Spreadsheet Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
Registration Number, if PAC See Attached Spreadsheet Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC	Name of Committee in Full	7. T.A						
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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 labo organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1.540.00