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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

6								
Name of Committee in Full								
Community Partnership for Educ	ation		<b>-</b>		-			
Full Name of Contributor			Registra	Registration Number, if PAC				
See Attached Spreadsheet		<del>,</del>						
Street Address	Employer/Occ	*n*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Ý	Amount		
				ì	1 :	17,387.25		
Full Name of Contributor	Registra	Registration Number, if PAC						
Street Address	Employer/Occ	cupation/Labor Organization	Form (Cash, Check, etc.)					
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Full Name of Contributor	<u> </u>	Registr	Registration Number, if PAC					
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City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor Registration Number, if						PAC		
Street Address Employer/Occupation/Labor Organization*					<del></del>	Form (Cash, Check, etc.)		
Street Address						Tomic (Cash, Check, etc.)		
City	State	Zip Code	М	D	Υ	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 \$ 17,387.25