

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Community Partnership For Education		· ·			
Full Name of Contributor	Registra				er, if PAC
See Attached Spreadsheet					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
					Payroll
City	State	Zip Code	Date (MM/DI		Amount
				12/31/2019	\$4,540.00
Full Name of Contributor	٠	Registration Nu			er, if PAC
		·			
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
				•	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
	,				
Full Name of Contributor	Registrat			Registration Numb	er, if PAC
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Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor	Registration Nu			Registration Numb	er, if PAC
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check				Form (Cash, Check, etc.)
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City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
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Full Name of Contributor	Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				Form (Cash, Check, etc.)
	Temployon Cocupation reason organization				
City	State	Zip Code	Date (MM/D	D(YYYY)	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 also appear. [R.C. 3517.10(B)(4)]

Page Total	\$4,540.00
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