

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
	ation							
Community Partnership for Education Full Name of Contributor			Registration Number, if PAC					
See Attached Spreadsheet			Registration Number, it FAC					
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)		
						our (care care, ca.)		
City	State	Zip Code	М	Ď	Y	Amount		
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Full Name of Contributor					Registration Number, if PAC			
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	Đ	Y	Amount		
Full Name of Contributor				Registration Number, if PAC				
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Street Address	Employer/Occo	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
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Full Name of Contributor			Registra	ation Num	iber, if P	AC		
treet Address Employer/Occupation/Labor Organization*				Form (Coch Cheek etc.)				
Succe Addition	demonstraton Organization.	ion* Form (Cash, Check, etc.)						
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registra	ation Num	her if P	<u>1</u>		
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Street Address	Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
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Full Name of Contributor	<u>-</u>	1	Registra	uion Num	ber, if P	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor	······································			Registration Number, if PAC				
treet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registra	ation Num	iber, if P	AC		
Street Address	Employer/Occa	Employer/Occupation/Labor Organization®				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	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 \$ 26,149.00