## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					<u> </u>	<del></del>	
Name of Committee in Full							
Community Partnership for Edu	cation		Basister	Aine No.		DAC	
Full Name of Contributor		ļ	Kegistra	IUON NU	mber, if	PAC	
See Attached Spreadsheet	Irmalaues (On	-unation (I short Organi	Tation!			Form (Cash, Check, etc.)	
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ary	j	Esp code	'			2,067.00	
Full Name of Contributor				Registration Number, if PAC			
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Full Name of Contributor			Registra	ation nu	ımber, if	PAC	
	Temployee/Oc	cupation/Labor Organi	ization*			Form (Cash, Check, etc.)	
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Can.	State	Zip Code	М	D	Y	Amount	
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Tan Name of Contributor							
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Full Name of Contributor	<u> </u>	<u> </u>	Registr	ation No	ımber, if	PAC	
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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 \$ 2.072.00