

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Community Partnership For Educat	ion						
Full Name of Contributor				Registration Number, if PAC			
See Attached Spreadsheet			i				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
	- {						
City	State	Zip Code	М	D	Y	Amount	
	1 :				1	1,687.00	
Full Name of Contributor	<u> </u>		Registr	ation Nu	mber, if		
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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 \$ 1.687.00