



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Community Partnership For Education					
Full Name of Contributor Registration				Registration Number	er, if PAC
Community Partnership For Education Full Name of Contributor See Attached Spreadsheet Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
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City	State	Zip Code Date (MM/DD/YYYY)			Paysoll Amount
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Full Name of Contributor				Registration Number, if PAC	
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Street Address	Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor Registration Num				Registration Number	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 Number, if PAC	
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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)]