

Statement of Other Income

Prescribed by Secretary of State 2/98

Name of Committee in Full COMMUNITY PARTNERSHIP FOR EDUCATION									
Full Name VARIOUS INDIVIDUALS (for T-SHIRTS)						Registration Number, if PAC _____			
Address				Type*		M	D	Y	Amount
						1	0	2	765.00
City HILLIARD		State OH		Zip Code 43026		Form (Cash, Check, etc.) CASH			
Full Name									
Registration Number, if PAC									
Address				Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name									
Registration Number, if PAC									
Address				Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name									
Registration Number, if PAC									
Address				Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name									
Registration Number, if PAC									
Address				Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name									
Registration Number, if PAC									
Address				Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name									
Registration Number, if PAC									
Address				Type*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received. IN for any investment or interest income earned by the committee. SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ **765.00**