31-A

Statement of Contributions Received
COMMUNITY PARTNERSHIP FOR EDUCATION

Page _____

NAME	TYPE	ADDRESS	CITY	STATE	ZIP	Received	AMOUNT
Vazquez , Luis A	Payroll	4539 Tuttles View Dr	Dublin	OH	430160000	12/5/11	$20.00
Walker , Roy R	Payroll	5611 Maple Dell Ct	Hilliard	OH	430260000	12/5/11	$20.00
Wilson , Brian W	Payroll	3847 River Crossing Dr	Hilliard	OH	43026	12/5/11	$28.00
Wright , Karen C	Payroll	6501 St Rte 161	Mechanicsburg	OH	430440000	12/5/11	$40.00
Youngblood , Deborah A	Payroll	6218 Turvey Loop W	Dublin	OH	43016	12/5/11	$16.00
						Page Total	$124.00