31-A-2
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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full
Community Partnership for Education

Full Name	Address	City	State	Zip Code	Type*	Registration Number, if PAC	M	D	Y	Amount	Form(Cash,Check,etc)
Various Individuals - T-shirts		Hilliard	OH	43026	RE		09	26	11	512.00	Cash/Check
Various Individuals - T-Shirts		Hilliard	OH	43026	RE		10	08	11	592.00	Cash/Check
PayPal - to verify checking account	www.paypal.com	Hilliard	OH		RE		09	21	11	0.19	
										0.00	

* 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, place the letters 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 $ 1,104.19