STATEMENT OF CONTRIBUTIONS RECEIVED
COMMUNITY PARTNERSHIP FOR EDUCATION

Full Name Last-First-Middle	Address Line 1	City	State	Zip	Type	Date	Amount
WOLF, JESSICA LYNN	4540 TRAILANE DR	HILLIARD	OH	43026	Payroll	43465	$ 12.00
WRIGHT, KAREN C	14571 WALNUT CREEK PIKE	ASHVILLE	OH	43103	Payroll	43465	$ 120.00
ZEID , LAURA A	8331 DOLMAN DR	POWELL	OH	43065	Payroll	43465	$ 24.00
						Page Total	**$ 156.00**