

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Community Partnership for Education							
Full Name Various Individuals - T-shirts				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
	RE		1	1	0	5	1
			1	1			50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Hilliard	OH	43026	Cash/Check				
Full Name Various Individuals - Postage				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
	RE		1	1	0	5	1
			1	1			984.74
City	State	Zip Code	Form(Cash,Check,etc)				
Hilliard	OH	43026	Cash/Check				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
							0.00
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
							0.00
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, 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.