

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 STAMPS)				Registration Number, if PAC _____	
Address		Type*		M D Y 10 24 08	Amount 1150.85
City HILLIARD		State OH	Zip Code 43026	Form (Cash, Check, etc.) CASH	
Full Name VARIOUS INDIVIDUALS (for T-SHIRTS)					
Address		Type*		M D Y 10 24 08	Amount 60.00
City HILLIARD		State OH	Zip Code 43026	Form (Cash, Check, etc.) CASH	
Full Name VARIOUS INDIVIDUALS (for T-SHIRTS)					
Address		Type*		M D Y 11 04 08	Amount 40.00
City HILLIARD		State OH	Zip Code 43026	Form (Cash, Check, etc.) CASH	
Full Name VARIOUS INDIVIDUALS (for T-SHIRTS)					
Address		Type*		M D Y 11 10 08	Amount 40.00
City HILLIARD		State OH	Zip Code 43026	Form (Cash, Check, etc.) CASH	
Full Name VARIOUS INDIVIDUALS (for STAMPS)					
Address		Type*		M D Y 10 27 08	Amount 194.25
City HILLIARD		State OH	Zip Code 43026	Form (Cash, Check, etc.) CASH	
Full Name VARIOUS INDIVIDUALS (for stamps)					
Address		Type*		M D Y 11 17 08	Amount 117.43
City HILLIARD		State OH	Zip Code 43026	Form (Cash, Check, etc.) CASH	
Full Name VARIOUS INDIVIDUALS (for STAMPS)					
Address		Type*		M D Y 11 17 08	Amount 115.40
City HILLIARD		State OH	Zip Code 43026	Form (Cash, Check, etc.) CASH	

* 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.