

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Richard Donovan						
Full Name Telhio Credit Union			Registration Number, if PAC			
Address 96 North Fourth Street	Type* IN		M 1	D 2	Y 0	Amount \$0.03
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	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, 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 \$ 0.03