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## **Statement of Other Income**

Prescribed by Secretary of State 2/98

Name of Committee in Full			
	For Nela 1991	21	
Full Name			Registration Number, if PAC
VARIOUS INDIVIDUALS (For-	T-SHIETS)		The best of the second
Address	Type*	The second	M D Y Amount 765.00
Cin	State	Zip Code	102208 765.00 Form (Cash, Check, etc.)
City HILLANS	0 4	43026	CASH
Full Name			Registration Number, if PAC
			SACRETOR
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
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City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
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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, Cheek, etc.)
Full Name			Registration Number, if PAC
	T *		A Maria de la companya de la company
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		. I exclusive parameter productive to construct on the state of the st	Registration Number, if PAC
	* {		M D Y Amount
Address	Type*		,
City	State	Zip Code	Form (Cash, Check, etc.)

Page Total S 165.00

<sup>&</sup>lt;sup>1</sup> 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.