

Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·	
Franklin County Green Party		
Full Name		Registration Number, if PAC
Interest		
Address N/A	Type* RE	M D Y Amount \$0.04
City	State Zip Code	Form (Cash, Check, etc.)
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	45	M D Y Amount
Address	Type*	
City	RE State Zip Code	Form (Cash, Check, etc.)
	ОН	48
Full Name		Registration Number, if PAC
	Type*	M D Y Amount
Address	RE	
City	State Zip Code	Form (Cash, Check, etc.)
	OH	

0.04

Page Total \$

^{*} 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.