

Statement of Other Income

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full Kathryn Hille for City Council					
Full Name Greg Pace			Registration Number, if PAC		
Address 3485 Indianola Avenue	Type* RE		M 0	D 6	Y 0
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount

* 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 \$ **100.00**