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Page 6	

Statement of Other Income

Prescribed by Secretary of State 2/01

	and the second s		na postaveni prima na menomeno		gwan-bana sidaa	- compression	
Name of Committee in Full							
FRIENDS OF JOHN O'GRADY	**************************************		In :	***************************************	nomerica		
- W W W W W W W W.			Kegistra	tion Num	iber, if	r PA(J
FIFTH THIRD BANK			<u></u>				
Address	Type*		M	D	Y		Amount 0.30
		glada Arabah Salah di Kab	Form/C	ogh Cha-1	ls ota)		0.30
City	State	Zip Code	Form(Cash,Check,etc) DEBIT				
Full Name				ition Num		f PA	C
		·			,		
Address	Туре*		М	D	Y		Amount
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name			Registration Number, if PAC				
Address	Type*		М	D	Y		Amount
City	State	Zip Code	Form(C	ash,Chec			
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y		Amount
City	State	Zip Code	Form(C	Form(Cash,Check,etc)			
Full Name			Registra	ation Nun	nber, i	fΡA	С
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
City	State	Zip Code		Cash,Chec			
Full Name			Registration Number, if PAC				
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
City	State	Zip Code	Form(Cash,Check,etc)				

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 0.30

^{*} 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, place the letters IN for any investment or interest income earned by the committee,