

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Ethics in Grove City Government					
Full Name Total of Loans Received from form 31-C <i>Darry Curry</i>				Registration Number, if PAC	
Address <i>2924 N GRANADA</i>		Type* LN	M   D   Y <i>10   18   11</i>		Amount \$10,000.00
City <i>Calloway Oh</i>		State OH	Zip Code <i>43119</i>		Form (Cash, Check, etc.)
Full Name					
Address				Type* RE	M   D   Y
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				Type* RE	M   D   Y
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				Type* RE	M   D   Y
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				Type* RE	M   D   Y
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				Type* RE	M   D   Y
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				Type* RE	M   D   Y
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				Type* RE	M   D   Y
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.

10,000.00

Page Total \$ \_\_\_\_\_