## **Statement of Other Income**

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Prescribed by Secretary of State 2/01

Name of Committee in Full				
Committee for Crysta Penningto	n			
Full Name			Registration Number, if PAC	
Address	Type*	М	D Y Amount	
	RE		\$0.00	
City	State Zip Co	e Form (C	Cash, Check, etc.)	
Full Name			ation Number, if PAC	
			acon rumoci, ii rac	
Address	Type*	М	D Y Amount	
	RE		\$0.00	
City	State Zip Co	e Form (C	Cash, Check, etc.)	
Full Name	OH_	D	North State	
run Naure			Registration Number, if PAC	
Address	Type*	М	D Y Amount	
	RE		\$0.00	
City	State Zip Co	Form (0	Cash, Check, etc.)	
Full Name	OH		W 1 (CD) (C	
run Name		Kegistr	ation Number, if PAC	
Address	Type*	М	D Y Amount	
	RE		\$0.00	
City	State Zip Co	Form (6	Cash, Check, etc.)	
F. U. No.	OH			
Full Name		Kegistr	ation Number, if PAC	
Address	Type*	М	D Y Amount	
	RE		\$0.00	
City	State Zip Co	Form (	Cash, Check, etc.)	
F. U.M.	OH		Registration Number 1600 C	
Full Name		Registr	ation Number, if PAC	
Address	Type*	М	D Y Amount	
	RE		\$0.00	
City	State Zip Co	Form (	Cash, Check, etc.)	
C.II Nove	OH		7 N 1 75 0	
Full Name		Registr	ation Number, if PAC	
Address	Type*	М	D Y Amount	
	RÉ			
City	State Zip Co	Form (	Cash, Check, etc.)	
S N.Y.	OH	<u> </u>		
Full Name		Registr	ration Number, if PAC	
Address	Type*	M	D Y Amount	
	RE		\$0.00	
City	State Zip Co	ie Form (	Cash, Check, etc.)	
1	OH			

0.00 Page Total S

<sup>\*</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.