Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full		-	
Citizens for Katz			
Full Name		 .	Registration Number, if PAC
Brian L Katz			
Address	Type*	* * * * * * * * * * * * * * * * * * *	M D Y Amount
3288 Scioto Bend Dr	LN		0 1 2 3 1 3 \$1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard Full Name	ОН	43026	Check Registration Number, if PAC
Pun Maine			Registration Number, it PAC
Address	Type*	A CONTRACTOR	M _i D _i Y _i Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Adlan	m !+		M D V MA
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
y -	OH		
Full Name	1 -11		Registration Number, if PAC
Address	Type*	- *	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
FHN	OH		The sale to the Number of DAC
Full Name			Registration Number, if PAC
Address	Type*	e e e e e e e e e e e e e e e e e e e	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		: 7
Full Name	i		Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE	Zip Code	Form (Cash, Check, etc.)
	OH	2.4 0000	Table (Same Sitter)
Full Name		t	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Daniel de Name de la Co
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH,		

1,000.00
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.