

# Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full				Registration Number, if PAC			
Full Name <b>MCINTOSH FOR JUDGE COMMITTEE</b>							
Address		Type*		M	D	Y	Amount
City		RE State	Zip Code	Form (Cash, Check, etc )			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc )			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc )			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc )			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc )			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc )			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc )			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc )			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc )			
Full Name		OH					

\* 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 \$

0.00