## Statement of Other Income Presumbed by Secretary of State 2/01

Page \_\_\_\_

Name of Committee in Full		
MCINTOSH GOL JU	DE CommiTTEE	
Full Name		Registration Number of PAC
Address		
	Type*	M D Y Amount
City	RE	
	Stake Zip Code OH	Form (Cash, Check, etc.)
Full Name	011	
		Registration Number, if PAC
Address	Type*	M D Y Amount
City	RE	Tanoua Panoua
•	State Zip Code	Form (Cash Check, etc.)
Tull Name	OH	
		Registration Number, if PAC
Address	Type*	
	RE	M, D Y Amount
City	State Zip Code	Form (Cash Check, etc.)
ull Name	OH	Cash Check, Ste )
		Registration Number of PAC
Address		
	Type*	M D Y Amount
îty	RE State Zip Code	
	OH	Form (Cash, Check etc.)
ull Name		Registration Number, if PAC
Address		South Namoes, II PAC
	Type*	M. D. Y. Amount
ity	RE	
	State Zip Code	Form (Cash, Check, etc.)
ull Name	ОН	
		Registration Number, if PAC
ddress	Type*	M D Y Amount
ity	RE	M Amount
•	State Zip Code	Form (Cash, Check, etc.)
il Name	OH	
_		Registration Number, if PAC
ddiess	Type*	
	RE	M D Y Amount
ry	State Zip Code	Form (Cash, Check, etc.)
Il Name	ОН	(Casil, CiteOR, Cite)
		Registration Number, if PAC
dress		
	Type*	M D Y Amount
у	RE	
	State Zip Code OH	Form (Cash Check, etc.)

0.00
Page Total \$

<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