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## Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Sheets for Trustee			
Full Name			Registration Number, if PAC
Edward Sheets			
Address	Type*	Y	M D Y Amount
6101 Lambert Road	LN _		0 9 1 2 1 1 \$300.00
City	State	Zip Code	Form (Cash, Check, etc.)  Cash
Orient	OH_	43146	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
			The state of the s
Address	Type*	1 87 2	M D Y Amount
Cini	RE -	Zin Onda	Form (Cash Charle etc.)
City	State	Zip Gode	Form (Cash, Check, etc.)
Full Name	_ Un		Registration Number, if PAC
- Little Marie			J
Address	Type*	\$ S	M D Y Amount
	RE		
City	State	Zip Gode	Form (Cash, Check, etc.)
	ОН		**
Full Name			Registration Number, if PAC
Address		- 100 · 100	M D Y Amount
Address	Type*		Zmown
City	RE State	Zip Gode	Form (Cash, Check, etc.)
	OH		
Full Name		-	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	To Marie	
City	State	Zip Gode	Form (Cash, Check, etc.)
	OH		
Full Name	<del></del>		Registration Number, if PAC
Address	Type*	**************************************	M D Y Amount
	RE RE		
City	State	Zip Code	Form (Cash, Check, etc.)
1	OH		
Full Name		1	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE _	Tie Code	Form (Co.), Cl. 1
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

300.00

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.