Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Jen	ifar Franch		
Citizens for Jen	TTEL FIGHTH		Registration Number, if PAC
Jenifer French			,
Address 961 Woodsedge Lane	Type* LN		M D Y Amount 0 5 0 7 1 3 \$1,200.00
City Westerville	State OH	Zip Code 43081	Form (Casli, Check, etc.) Check
Full Name Jenifer French		 	Registration Number, if PAC
Address 961 Woodsedge Lane	Type* LN		M D Y Amount 0 7 0 9 1 3 \$2,000.00
c _{ity} Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check
Full Name Jenifer French			Registration Number, if PAC
Address 961 Woodsedge Lane	Type* LN		M 9 D Y Amount \$1,660.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Fuli Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	A	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		1,	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)

^{*} 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.