

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Green Party					
Full Name Interest				Registration Number, if PAC N/A	
Address	Type*		M	D	Y
	RE		0	6	30
City	State	Zip Code			
	OH		1	4	\$0.06
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code			

* 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.