3	1-	A-:	2	
R.	C.	351	7.	10(B)

Pag	e	

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full	<u> </u>		Western State of the State of t		***************************************			
Name of Committee in Full Committee to Elect Dale Worthington F	Jeasant To	wnshin Truetoo						
Full Name	Registro	ition Num	ber. if PA	١C				
Dale R. Worthington			, 4. 5					
Address	Type*		M	D	Y	Amount		
5840 Beatty Rd.	L N					1,218.00		
_{City} Grove City	State H	Zip Code 43123	Form(Ca	ash,Checl	k,etc)			
Full Name				ition Num	ber, if P	1C		
	****				ntgelaumenakeneistatutat			
Address	Туре*		M	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					
Full Name			Registra	ition Num				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code		ash,Checl				
Full Name	Registration Number, if PAC							
Address	Type*		M	D	Y	Amount		
City	State	Zip Code		ash,Checl				
Full Name			Registra	ation Num	nber, if P/	AC		
Address	Type*		М	D	Y	Amount		
City	State	Zip Code		ash,Checl				
Full Name					Registration Number, if PAC			
Address	Type*		М	D	Y	Amount		
City	State	Zip Code		ash,Checl	VANGORIO GOLDO DO SARRO DO			
Full Name			Registra	ation Nun	nber, if Pa	AC		
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name			Registra			AC		
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1.218.00

^{*} 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, place the letters IN for any investment or interest income earned by the committee,