

FOR PAPER FILING ONLY

Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Judge O'Donnell					
Full Name Huntington Bank			Registration Number, if PAC		
Address PO Box 1558	Type* RE		M 1	D 1	Y 5
City Columbus	State OH	Zip Code 43216	Amount \$3.00		
Form (Cash, Check, etc.) check					
Full Name					
Registration Number, if PAC					
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
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.

Page Total \$ **3.00**