31	-A-	-2	
R.C	. 351	7.10(B)	

## **Statement of Other Income**

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1 450 -		

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Joseph W.	<u></u>		
Eull Nama	resta	i	Registration Number, if PAC
National City Bank	Type*		M D Y Amount
155 E. Broad St.	IN		060906 87.06
Colombe	State  O H	Zip Code 432/5	Form (Cash, Check, etc.)
Full Name	<u> </u>		Registration Number, if PAC
National City Bank	Type*		M D Y Amount
155 E. Broad St.	IN		071306 80.20
Colombs	State  State	Zip Code 43215	Form (Cash, Check, etc.)'
Full Name			Registration Number, if PAC
Notional City Bank	Type*		M D Y Amount,
155 E. Broad St.	I N	Zip Code	08110688.10 Form (Cash, Check, etc.)
Columbs	OH	43215	NA
National City Bank			Registration Number, if PAC
155 E. Broad St.	Type*		M D Y Amount 0 9 / 1 0 6 87-71
City	State	Zip Code	Form (Cash, Check, etc.)
Colombes Full Name	OH	432/5	Registration Number, if PAC
National City Bank	Type*		M D Y Amount
155 E. Broad St.	IN		101006 29.66
Colombis	State O H	Zip Code 43215	Form (Cash, Check, etc.)
Full Name	<u>'</u>		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
	T .		M N N N Amount
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>		Registration Number, if PAC
Address	Type*		M D Y Amount
Cir.	Ctota	Zin Coda	Form (Cash, Check, etc.)
City	State	Zip Code	1 om (Cash, Check, Cic.)

<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.