Statement of Other Income Prescribed by Secretary of State 2/01

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Name of Committee in Full			
Friends of Chris Valentine			
Full Name			Registration Number, if PAC
Committee for Jim Hughes		220002000000000000000000000000000000000	
Address 14 E. Gay Street	Type* RE		M D Y Amount 1 2 3 1 0 9 \$250.00
City	State	Zíp Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Uncashed check
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
rui Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
	OH	Esp Code	Politi (Casti, Check, etc.)
Full Name			Registration Number, if PAC
Address	Туре*		M D Y Amount
~	RE	la: o i	
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	Stake OH	Zip Code	Form (Cash, Check, etc.)
Full Name	<u>VII</u>		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)

250.00

Page Total \$

^{*} 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.