

# Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full <b>Friends of Chris Valentine</b>											
Full Name <b>Committee for Jim Hughes</b>						Registration Number, if PAC					
Address <b>14 E. Gay Street</b>			Type* <b>RE</b>				M	D	Y	Amount <b>\$250.00</b>	
City <b>Columbus</b>			State <b>OH</b>		Zip Code <b>43215</b>		1	2	3	1	
						Form (Cash, Check, etc.) <b>Uncashed check</b>					
Full Name						Registration Number, if PAC					
Address			Type* <b>RE</b>				M	D	Y	Amount	
City			State <b>OH</b>		Zip Code						
Full Name						Registration Number, if PAC					
Address			Type* <b>RE</b>				M	D	Y	Amount	
City			State <b>OH</b>		Zip Code						
Full Name						Registration Number, if PAC					
Address			Type* <b>RE</b>				M	D	Y	Amount	
City			State <b>OH</b>		Zip Code						
Full Name						Registration Number, if PAC					
Address			Type* <b>RE</b>				M	D	Y	Amount	
City			State <b>OH</b>		Zip Code						
Full Name						Registration Number, if PAC					
Address			Type* <b>RE</b>				M	D	Y	Amount	
City			State <b>OH</b>		Zip Code						
Full Name						Registration Number, if PAC					
Address			Type* <b>RE</b>				M	D	Y	Amount	
City			State <b>OH</b>		Zip Code						
Full Name						Registration Number, if PAC					
Address			Type* <b>RE</b>				M	D	Y	Amount	
City			State <b>OH</b>		Zip Code						
Full Name						Registration Number, if PAC					
Address			Type* <b>RE</b>				M	D	Y	Amount	
City			State <b>OH</b>		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.

Page Total \$ **250.00**