

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full KAMBON.EDU							
Full Name Hanifak Kambon					Registration Number, if PAC		
Address 63 N. Ohio Avenue		Type* L N		M 0	D 3	Y 0	Amount 500.00
City Columbus		State O H	Zip Code 43203	Form(Cash,Check,etc) CASH			
Full Name					Registration Number, if PAC		
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC		
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC		
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC		
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC		
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC		
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC		
Address		Type*		M	D	Y	Amount
City		State	Zip Code	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, place the letters 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.