Statement of Other Income

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Friends of Tina Pierce			
Full Name			Registration Number, if PAC
Staples			
Address 3737 Easton Market	Type*		M D Y Amount
<u> </u>	RE .		0 2 0 4 1 5 \$6.98
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Credit
Full Name	011	10210	Registration Number, if PAC
Staples			regulation realized, it inc
Address	Type*		M D Y Amount
1747 Olentangy River Road	RE		0 4 1 5 1 5 \$21.27
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	Credit
Full Name			Registration Number, if PAC
	· -	_	
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH	Zip code	Form (Cash, Check, etc.)
Full Name	- 011		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zîp Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	T-Lat		
Montess	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
•	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Mana	OH		Registration Number, if PAC
Full Name			Registration Number, it PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	_ он'		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
Ø4.	RE _	Tio Code	Fame (Carly Charly et a)
City	State	Zip Code	Form (Cash, Check, etc.)
}	OH	1	1

28.25

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.