

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full McClellan for UA Schools							
Full Name Matthew Q. McClellan				Registration Number, if PAC			
Address 1673 Essex Road		Type* LN		M 1		D 0	
				Y 2		Y 1	
				Amount \$1,200.00			
City Columbus		State OH		Zip Code 43221		Form (Cash, Check, etc.) Check	
Full Name							
Address				Type* RE		M 1	
						D 0	
						Y 2	
						Y 1	
						Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name							
Address				Type* RE		M 1	
						D 0	
						Y 2	
						Y 1	
						Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name							
Address				Type* RE		M 1	
						D 0	
						Y 2	
						Y 1	
						Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name							
Address				Type* RE		M 1	
						D 0	
						Y 2	
						Y 1	
						Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name							
Address				Type* RE		M 1	
						D 0	
						Y 2	
						Y 1	
						Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name							
Address				Type* RE		M 1	
						D 0	
						Y 2	
						Y 1	
						Amount	
City		State OH		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, 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.

1,200.00
Page Total \$