## **Statement of Other Income**



Prescribed by Secretary of State 2/01

Name of Committee in Full			
McClellan for UA Schools			
Full Name			Registration Number, if PAC
Matthew Q. McClellan			
Address	Type*		M D Y Amount
1673 Essex Road	LN	The same of the sa	1 0 2 2 1 3 \$1,200.00
Columbia	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	Check
Full Name			Registration Number, if PAC
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City	State -	Zip Code	Form (Cash, Check, etc.)
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Full Name	<u> </u>	<del></del>	Registration Number, if PAC
Address	Type*	13 May 15 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
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Full Name			Registration Number, if PAC
Address	Type*	学业在6一个	M D Y Amount
<u> </u>	RE _	2000年の東京の大学	
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		Registration Number, if PAC
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Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH <sup>'</sup>		83 11 18
Fuli Name			Registration Number, if PAC
Address	Type*	Local State State	M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
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Full Name			Registration Number, if PAC
Address	Tribus*	The second secon	M D Y Amount
Auditess	Type*		St. 17   Milouni
City	RE State	Zip Code	Form (Cash, Check, etc.)
<del>y</del>	OH		
Full Name			Registration Number, if PAC
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Address	Type*	Marketty Sales	M D Y Amount
Ì	RE		
City	Stațe	Zip Code	Form (Cash, Check, etc.)
	ОН		

1,200.00
Page Total \$

<sup>\*</sup> 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.