

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Boyd							
Full Name W T Smith Consulting				Registration Number, if PAC			
Address 524 S Fourth St		Type* RE		M 1		D 0	
City Columbus		State OH		Y 2		Amount \$3,197.00	
		Zip Code 43206		Form (Cash, Check, etc.) EFT			
Full Name							
Address				Type* RE		M 1	
City				State OH		D 0	
				Zip Code		Y 2	
				Form (Cash, Check, etc.)		Amount	
Full Name							
Address				Type* RE		M 1	
City				State OH		D 0	
				Zip Code		Y 2	
				Form (Cash, Check, etc.)		Amount	
Full Name							
Address				Type* RE		M 1	
City				State OH		D 0	
				Zip Code		Y 2	
				Form (Cash, Check, etc.)		Amount	
Full Name							
Address				Type* RE		M 1	
City				State OH		D 0	
				Zip Code		Y 2	
				Form (Cash, Check, etc.)		Amount	
Full Name							
Address				Type* RE		M 1	
City				State OH		D 0	
				Zip Code		Y 2	
				Form (Cash, Check, etc.)		Amount	
Full Name							
Address				Type* RE		M 1	
City				State OH		D 0	
				Zip Code		Y 2	
				Form (Cash, Check, etc.)		Amount	
Full Name							
Address				Type* RE		M 1	
City				State OH		D 0	
				Zip Code		Y 2	
				Form (Cash, Check, etc.)		Amount	
Full Name							
Address				Type* RE		M 1	
City				State OH		D 0	
				Zip Code		Y 2	
				Form (Cash, Check, etc.)		Amount	

* 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.

3,197.00
Page Total \$