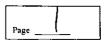
## **Statement of Other Income**



Prescribed by Secretary of State 2/01

Name of Committee in Full  Zollors Y Council			
Full Name PAT 201/AVS	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Name of Committee in Full  Zollors Y Council  Full Name  Ppt Zollors  Address  6928 Retton  City  Reynoldih-,  Full Name  Ppt Zollos  Address  6928 Retton  City  Reynoldih-,  Full Name  City  Reynoldih-,  Full Name  Full Name	L /	4.	M 3 1 0 (5 300.00
Respoldib-1	State	2ip Code 43 <i>06</i> 8	Form (Cash, Check, etc.) +/Ansfor
Full Name  PAT 2011 PS			Registration Number, if PAC
Address 6928 Retton PS	Type*		0 4 1 4 ( S 200.00
Reproldibing	State O A	2ip Code 43 <i>06</i> 7	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*		ME D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		<del></del>	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, Cheek, etc.)
Full Name		<del></del>	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.)

Page Total \$ 500

<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.