

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Kambon, Edu					Registration Number, if PAC					
Full Name Hanifah Kambon					Registration Number, if PAC					
Address 63 N. Ohio Ave		Type* Loan	City Columbus		State Oh	Zip Code 43203	M 11	D 21	Y 12	Amount 300.00
Form (Cash, Check, etc.)										
Full Name					Registration Number, if PAC					
Address		Type*	City		State	Zip Code	M	D	Y	Amount
Form (Cash, Check, etc.)										
Full Name					Registration Number, if PAC					
Address		Type*	City		State	Zip Code	M	D	Y	Amount
Form (Cash, Check, etc.)										
Full Name					Registration Number, if PAC					
Address		Type*	City		State	Zip Code	M	D	Y	Amount
Form (Cash, Check, etc.)										
Full Name					Registration Number, if PAC					
Address		Type*	City		State	Zip Code	M	D	Y	Amount
Form (Cash, Check, etc.)										
Full Name					Registration Number, if PAC					
Address		Type*	City		State	Zip Code	M	D	Y	Amount
Form (Cash, Check, etc.)										
Full Name					Registration Number, if PAC					
Address		Type*	City		State	Zip Code	M	D	Y	Amount
Form (Cash, Check, etc.)										
Full Name					Registration Number, if PAC					
Address		Type*	City		State	Zip Code	M	D	Y	Amount
Form (Cash, Check, etc.)										
Full Name					Registration Number, if PAC					
Address		Type*	City		State	Zip Code	M	D	Y	Amount
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.