

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC	
Friends of Troy D. Markham					
Full Name Troy D. Markham					
Address 360 S. Roosevelt	Type* LN		M 09	D 28	Y 15
City Bexley	State OH	Zip Code 43209	Amount 1500.00		
Form (Cash, Check, etc.) check					
Full Name				Registration Number, if PAC	
Address				Type*	
City				State	
Zip Code				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Type*	
City				State	
Zip Code				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Type*	
City				State	
Zip Code				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Type*	
City				State	
Zip Code				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Type*	
City				State	
Zip Code				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Type*	
City				State	
Zip Code				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Type*	
City				State	
Zip Code				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Type*	
City				State	
Zip Code				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Type*	
City				State	
Zip Code				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Type*	
City				State	
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.