Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Spalding			
Full Name			Registration Number, if PAC
Sloan T. Spalding	70*		Mi IV V Amount
Address 7567 King George Drive	Type*		0 9 1 0 0 9 Amount \$300.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Sloan T. Spalding			
Address	Type*		0 9 2 4 0 9 \$1,200.00
7567 King George Drive City	LN State	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	cash
Full Name			Registration Number, if PAC
Sloan T. Spalding			
Address	Type*		M D Y Amount
7567 King George Drive	LN		1 0 0 7 0 9 \$500.00
City	State	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	Cash Registration Number, if PAC
Full Name			Registration Number, it PAC
Address	Type*		M D Y Amount
	LN .		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1 011		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Projection Number (FDAC)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
7567 King George Drive	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name	Accessed to the second		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

2,000.00
Page Total \$ _____

^{*} 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.