

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Judge Sheward Committee							
Full Name Franklin County Republican Party-Refund of Judicial Slate Assessment					Registration Number, if PAC		
Address 14 East Gay Street, 2nd Floor		Type* RE			M 1	D 0	Y 1
City Columbus		State OH	Zip Code 43215		Amount \$5,500.00		
Form (Cash, Check, etc.) check							
Full Name							
Address					Type* RE		
City		State OH	Zip Code		M	D	Y
Form (Cash, Check, etc.)					Amount		
Full Name							
Address					Type* RE		
City		State OH	Zip Code		M	D	Y
Form (Cash, Check, etc.)					Amount		
Full Name							
Address					Type* RE		
City		State OH	Zip Code		M	D	Y
Form (Cash, Check, etc.)					Amount		
Full Name							
Address					Type* RE		
City		State OH	Zip Code		M	D	Y
Form (Cash, Check, etc.)					Amount		
Full Name							
Address					Type* RE		
City		State OH	Zip Code		M	D	Y
Form (Cash, Check, etc.)					Amount		
Full Name							
Address					Type* RE		
City		State OH	Zip Code		M	D	Y
Form (Cash, Check, etc.)					Amount		
Full Name							
Address					Type* RE		
City		State OH	Zip Code		M	D	Y
Form (Cash, Check, etc.)					Amount		
Full Name							
Address					Type* RE		
City		State OH	Zip Code		M	D	Y
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.

5,500.00
Page Total \$