Statement of Other Income

Page	1

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Judge Sheward Committee				Registration Number, if PAC			
Full Name Franklin County Republican Party-Refund of Judicial Sla	ate Assessme	ent	Kogistia	con rui			
Address	Type*	100	М	D	Y	Amount	
14 East Gay Street, 2nd Floor	RE		1 0	1 6	1 1	8 :	
City	State	Zip Code 43215	Form (Cash, Check, etc.)				
Columbus	ОН	40210	Check Registration Number, if PAC				
Full Name			Aogistia	LON ITH			
Address	Type*		М	D	Y	Amount	
	RE		F. (2		1		
City	State OH	Zip Code	Form (C	Cash, Ch	eck, etc.		
Full Name	UH		Registra	ition Nu	nber, if	PAC	
Address	Туре*		M	D	Y	Amount	
	RE	7: 0-1	Form /C	l l	and att		
City	State OH	Zip Code	rorm (C	Cash, Ch	eck, eic.	, 	
Full Name			Registra	ation Nu	mber, if	PAC	
Address	Туре*		M	D	Y	Amount	
	RE _	Zip Code	Form (Cash, Ch	eck etc		
City	State OH	Lip Code	1 om (c	oon, CII	von, vic.	,	
Full Name			Registration Number, if PAC				
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Address	Type*		M	D	Y	Amount	
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City	OH	Zap Code	Form (Cash, Check, etc.)				
Full Name			Registration Number, if PAC				
Address	Type*		М	D	Y	Amount	
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City	State OH	zap Code	l oin (ouozi, Ol	, ow		
ull Name			Registration Number, if PAC				
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Address	Type*		М	D	Y	Amount	
City	RE State	Zip Code	Form (Cash, Cl	neck, etc	.)	
Ony	OH						
Full Name			Registration Number, if PAC				
	m : *		M	D	l Y	Amount	
Address	Type*		IVI		1	, mount	
City	State _	Zip Code	Form (Cash, Cl	heck, etc	s.)	
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			PARTITO PARTIT				

5,500.00

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.