

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Republican Party						Registration Number, if PAC	
Full Name Staples						Registration Number, if PAC	
Address 800 West Harris Street		Type* RE		M 0	D 2	Y 2	Amount \$2.45
City Eureka		State CA	Zip Code 95501	Form (Cash, Check, etc.) Credit Card			
Full Name Ohio Bureau of Workers Compensation						Registration Number, if PAC	
Address 30 W. Spring Street, P.O. Box 15429		Type* RE		M 0	D 3	Y 1	Amount \$120.39
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	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.

Page Total \$ **122.84**