

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Ronald D Ball for Prairie Township Trustee					
Full Name Ronald D Ball			Registration Number, if PAC		
Address 6750 Alkire Rd	Type* LN		M 0	D 9	Y 1113
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) cash		Amount \$596.97
Full Name Ronald D Ball			Registration Number, if PAC		
Address 6750 Alkire Rd	Type* LN		M 0	D 9	Y 2313
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) credit card		Amount \$604.65
Full Name Ronald D Ball			Registration Number, if PAC		
Address 6750 Alkire Rd	Type* LN		M 0	D 9	Y 2313
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.) credit card		Amount \$260.00
Full Name Ronald D Ball			Registration Number, if PAC		
Address 6750 Alkire Rd	Type* LN		M 0	D 9	Y 2013
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc.)		Amount \$337.33
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	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.

1,798.95

Page Total \$