## Statement of Other Income Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Libertarian Party - General Fund			*
Full Name			Registration Number, if PAC
Community Festival		•	
Address	Type*		M D Y Amount
PO Box 7167	RE		\$125.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43205	check
Full Name	0.11	10200	Registration Number, if PAC
		•	Registration Number, it FAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
			, , , ,
Address	Type*	<u> </u>	M <sub>t</sub> D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name		<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name	<u> </u>		Registration Number, if PAC
		i	
Address	Type*	· · · · · · · · · · · · · · · · · · ·	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name	<u> </u>	<u> </u>	Registration Number, if PAC
			,
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH.		
Full Name	0	1	Registration Number, if PAC
Address	Туре*	<u> </u>	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
			(Sabar, Sittari, Col.)
Full Name	_он		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

<sup>\*</sup> 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.