

# Statement of Other Income

Prescribed by Secretary of State 2/01

Page \_\_\_\_\_

Name of Committee in Full <b>Kathryn Hille for City Council</b>					
Full Name <b>Kemba Financial Credit Union</b>			Registration Number, if PAC		
Address <b>555 Officenter Place/PO Box 307370</b>	Type* <b>IN</b>		M <b>0</b>	D <b>5</b>	Y <b>3</b>
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>32130</b>	Amount <b>\$0.08</b>		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
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 \$

0.08