

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full TAMARA SHANYFELT FOR JACKSON TWP FISCAL OFFICER					
Full Name William Byrd			Registration Number, if PAC		
Address 4232 Kelnor Dr	Type* RE LN		M 09	D 15	Y 11
City Grove City	State OH	Zip Code 43123	Amount 1535.82		
Form (Cash, Check, etc.) LN					
Full Name Tamara Shanyfelt			Registration Number, if PAC		
Address 4232 Kelnor Dr	Type* RE LN		M 09	D 07	Y 11
City Grove City	State OH	Zip Code 43123	Amount 268.00		
Form (Cash, Check, etc.) LN					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	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.