

FOR PAPER FILING ONLY

Statement of Other Income

Prescribed by Secretary of State 2/01

| | | | | | | | |
|---|--|-------------|-------------------|----------------------------------|---|---|----------|
| Name of Committee in Full Citizens for Sloan | | | | Registration Number, if PAC | | | |
| Full Name Sloan T. Spalding | | | | Amount | | | |
| Address 7735 Sutton Place | | Type* LN | | M | D | Y | \$ 2,000 |
| City New Albany | | State OH | Zip Code 43054 | Form (Cash, Check, etc.) cash | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | | | Amount | | | |
| | | Type* RE | | M | D | Y | |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | | | Amount | | | |
| | | Type* RE | | M | D | Y | |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | | | Amount | | | |
| | | Type* RE | | M | D | Y | |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | | | Amount | | | |
| | | Type* RE | | M | D | Y | |
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| City | | State OH | Zip Code | Form (Cash, Check, etc.) | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Address | | | | Amount | | | |
| | | Type* RE | | M | D | Y | |
| 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.

2000.00