R.C. 3517.10(B)

31-A-a

FUK FAPEK FILIYU UIVLY Statement of Other Income

Name of Committee in Earl	Prescribed by Secretary of State 2	7401 701
Name of Committee in Full Citizens for Sloan		
Full Name Sloan T. Spalding		Registration Number, if PAC
Address 7735 Sutton Place	Type*	
^{City} New Albany	LIV	0 6 3 0 1 5 \$ 2,000
Full Name	OH Zip Code 4305	Oddii
Address		Registration Number, if PAC
	Type*	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
uli Name	OH	
Address	Type*	Registration Number, if PAC
Sity	RE	M D Y Amount
	State Zip Code OH	Form (Cash, Check, etc.)
ull Name		Registration Number, if PAC
ddress	Type*	M D Y Amount
ty	RE State Zip Code	
III Name	OH D	Form (Cash, Check, etc.)
ddress		Registration Number, if PAC
	Type*	M D Y Amount
y.	State Zip Code	Form (Cash, Check, etc.)
l Name	OH	Registration Number, if PAC
dress	Type*	
·	RE	M D Y Amount
Name	State Zip Code OH	Form (Cash, Cheek, etc.)
		Registration Number, if PAC
ress	Type*	M D Y Amount
	RE State Zip Code	Form (Cash, Check, etc.)
Name	OH	
ess		Registration Number, if PAC
	RE Type*	M D Y Amount
	State Zip Code OH	Form (Cash, Check, etc.)
	Un	

a000.00

^{*} 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.