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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full								
The Committee To Elect Eddie Pauline				Registra	Registration Number, if PAC			
Bank One						ŕ		
Address	Тур	e <b>*</b>		М	D	Y	Amount	
100 E. Broad Street	1 1	N		0 4	1 3	0 5	0.41	
City	St	ate	Zip Code	Form(C	ash,Chec	k,etc)		
Columbus		H	43215	İ	Cash			
Full Name				Registration Number, if PAC				
Address	Тур	e*		M	D	Y	Amount	
C:		ate	Zip Code	Form(C	ash,Chec	k etc)		
City	30	ale	Zip Code	Tom(C	usii, Ciico	K,CtC)		
Full Name				Registra	ition Nun	ber, if P	AC	
Address	Тур	e*		М	D	Y	Amount	
City	St	ate 	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name		<u> </u>		Registra	ation Nun	iber, if P	AC	
Address	Тур	e*		M	D	Y	Amount	
City	St	ate	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name				Registration Number, if PAC				
Address	Тур	e* 		M	D	Y	Amount	
City	St	ate	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name				Registration Number, if PAC				
Address	Тур	e*		М	D	Y	Amount	
	1 "	İ						
City	St	ate	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name					Registration Number, if PAC			
Address	Тур	e* 		M	D	Y	Amount	
City	St	ate	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name	<u> </u>			Registra	ation Nun	nber, if P	AC	
Address	Тур	e*		M	D	Y	Amount	
City	Si	ate	Zip Code	Form(C	ash,Chec	k,etc)		
		41	- Cal - Other Teacher Beach	1.55.6			3 1 1 1 1	

\* 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, committee's own insufficient funds check received, place the letters 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 S	\$ 0.41_	V