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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

	State Committee Complete Committee C							
Name of Committee in Full Citizens for Alicia Healy								
Name of Committee in Full  Citizens for Alicia Healy  Full Name  Address  721 Bulen Ave.  City  Columbus  Full Name  Citizens for Alicia Healy  Type*  Zip Code  O H 43205				Registration Number, if PAC				
121 Bulen Ave.	Type*		M	D 16	09	Amount <b>350.00</b>		
Columbus	State	Zip Code 43205	Form(C	Cash,Chec				
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name			Registration Number, if PAC					
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Checl	k,etc)			
C.U.N.			<u> </u>		Oliverto Carro Marchantonico			
Full Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					
Full Name					Registration Number, if PAC			
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)			
* Place the two letter code in the Type block (one letter per covers) which	indicates the same							

<sup>\*</sup> 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, 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.

