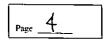
Statement of Other Income



Prescribed by Secretary of State 2/0

Name of Committee in Full		·
Believe in UA Committee		
Full Name Herb Gillen Agency	<u> </u>	Registration Number, if PAC
Address 1953 South Mallway Drive	Type* RE	0 8 1 0 1 6 \$2,436.00
City Upper Arlington	State Zip Code OH 43221	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC
Address	Type* RE	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
Full Name	011	Registration Number, if PAC
Address	Type*	M D Y Amount
City	RE Zip Code	Form (Cash, Check, etc.)
U Full Name	OH	Check Registration Number, if PAC
Address	Type*	M D Y Amount
City	RE Stație Zip Code	Form (Cash, Check, etc.)
Full Name	On	Registration Number. if PAC
Address	Type*	M D Y Amount
City	RE Zip Code	Form (Cash, Check, etc.)
Full Name	ОН	Registration Number, if PAC
Address	Type*	M D Y Amount
City	RE State Zip Code	Form (Cash, Check, etc.)
Full Name	OH	Registration Number, if PAC
Address	Type*	M D Y Amount
City	RE Stagte Zip Code	Form (Cash, Check, etc.)
Full Name	OH	Registration Number, if PAC
Address	Type*	M D Y Amount
City	RE State Zip Code	Form (Cash, Check, etc.)
-	ОН	

2,436.00 Page Total \$ _____

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.