

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Believe in UA Committee					
Full Name Herb Gillen Agency			Registration Number, if PAC		
Address 1953 South Mallway Drive	Type* RE		M 0	D 8	Y 1
City Upper Arlington	State OH	Zip Code 43221	Amount \$2,436.00		
Form (Cash, Check, etc.)					
Full Name					
Address			Registration Number, if PAC		
Type* RE			M	D	Y
State OH			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type* RE			M	D	Y
State OH			Amount		
City			Form (Cash, Check, etc.)		
Zip Code			Check		
Full Name					
Address			Registration Number, if PAC		
Type* RE			M	D	Y
State OH			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type* RE			M	D	Y
State OH			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type* RE			M	D	Y
State OH			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type* RE			M	D	Y
State OH			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type* RE			M	D	Y
State OH			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					

* 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.

2,436.00
Page Total \$