Statement of Other Income

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Page	

Prescribed by Secretary of State 2/01

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Name of Committee in Full Aambon, Edy									
Full Name Hanifah Kambon					Registration Number, if PAC				
Address	Loan			Mi j j	71	/ h	300,00		
Columbus	State	Zip Code 43203		Form (6)	Api Che	cl), etc.)	200,00		
Full Name		45203		Registration Number, if PAC					
Address									
	Type*			М	D		Amount		
City	State	Zip Code		Form (Ca	ish, Che	ck, etc.)			
Full Name				Registrat	gistration Number, if PAC				
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Čity	State	Zip Code	:	Form (Ca	ash, Che	ck, etc.)			
Full Name				Pagistration Number of PAC					
					Registration Number, if PAC				
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City'	State	Zip Code		Form (Ca	ash, Che	ck, etc.)			
Full Name	!	<u>-</u>		Registration Number, if PAC					
Address	Type*			Mi	D	Y	Amount		
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E-U Man									
Fuli Name						Registration Number, if PAC			
Address	Type*			M.	D	Y	Amount		
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Full Name				Registration Number, if P					
an Paul				registration number, if PAC					
Address	Type*			М	D	Y	Amount		
City	State	Zip Code		Form (C	ash, Ch	eck, etc.)			

Page Total \$ 00.00

^{*} 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.