

Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full Kambon, Edu				Registration Number, if PAC				
Full Name Hanifah Kambon				Registration Number, if PAC				
Address 63 N. Ohio Ave		Type* Loan			M 11	D 21	Y 12	Amount 300.00
City Columbus		State Oh	Zip Code 43203		Form (Cash, Check, etc.) (45) Check			
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 (Cash, Check, 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 (Cash, Check, 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 (Cash, Check, 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 (Cash, Check, etc.)			

* 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.