31	-A	-2	
R.C	. 35	17.10	(B)

## Statement of Other Income Prescribed by Secretary of State 2/01

Page	4	
rage		-

Name of Committee in Full Citizens for Tom Baker			
Full Name	-		Registration Number, if PAC
Tom Baker			
Address	Type		M D Y Amount
4893 Brixston Dr	RE		0 9 3 0 1 3 \$45.00
City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Cash
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Fairve	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		***************************************
City -	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Designation Number 16 DIAC
T WIT I NORTH			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		TATAL SEED
City	Starre	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
			The grand of the state of the s
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		Registration Number, if PAC
Turi Yan			The state of the s
Address	Type*		Mt D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
) the control			
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

45.00

Page Total \$

<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. 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.