3i-	A-2
R.C.	3517.10(B)

Statement of Other Income

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Page	 4

Prescribed by Secretary of State 2/01

Name of Committee in Full										
COMMITTEE TO ELECT ALBERT IOSUE		İ								
Full Name					Registr	ation N	ımber	, if P	/C	
ALBERT IOSUE		<u> </u>	¥ 9:		, d	i n				
Address 5793 WALTERWAY DRIVE	Type*			<i>*</i>	0 4	1 3		2	Amount \$400 .00	
City HILLIARD	State OH	Zip Co			Form (C		heck, e	etc.)	u.	
Full Name				-			ımber	if PA	ic	
			Registration Number, if PAC							
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City	State OH	Zip Co	de		Form (C	Cash, Cl	neck, e	etc.)		
Full Name				Registration Number, if PAC						
Address	Type*	<u>i</u>	and the second s	Ann and an	Mį	D	1 3	4	Amount	
City	RE _	Zip Cod	do		Form (C)neb C	190k s			
Cny	Stațe OH	Zip Co.	ie.		rom (C	esii, Ci	ieck, t	ж.)		
Full Name	•				Registre	tion Nu	ımber,	if PA	AC .	
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T. H. M.	ОН				. (.)	(5.7. NA		CDA		
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City	State —	Zíp Cod	e	· · · ·	Form (C	ash, Ch	eck, e	tc.)	() () () () () () () () () ()	

400.00

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.