Statement of Other Income

Prescribed by Secretary of State 2/01

	Prescribed by Secretary ()] (Jako 2141	
Committee in Full	OMMIT	TEE	Registration Number, if PAC
1 AS POW COMMING	N'CATTE	SERVICES	M D Y Amount
VIE GRIM COMMON	Type*		M 0107 659 98
333 EVERSON RO. W.	RE	Zip Code	Form (Cash, Check, etc.)
	OH	43232	Registration Number, if PAC
DUMBUS THE DELICATION	CA	narlote	Amount Amount
1.5. SANK - REVIEW	Type*		08/3076/05
88 N. HigH ST.	RE State	Zip Code	Form (Cash, Check, etc.)
VORTHINGTON	ОН	43085	Registration Number, if PAC
	CALE	MON GRA	7iT Amount
J. S. BANZ - Print	- T Type		
ss as lines ST.	RE State	Zip Code	Form (Cash, Check, etc.)
Vorminoru	OH	43085	Registration Number, if PAC
			N V Amount
Name	Type*		M
ress	RE State	Zip Code	Form (Cash, Check, etc.)
	OH		Registration Number, if PAC
			N V Amount
Name	Type*		M D Y Amoun
dress	RE Stake	Zip Code	Form (Cash, Check, etc.)
ty	OH		Registration Number, if PAC
			Amount V
ill Name	Type'		M D Y Amount
ddress	RE	Zip Code	Form (Cash, Check, etc.)
City	State		Registration Number, if PAC
			N N Amount
Full Name	Тур	e*	M D Y Amount
Address	RE		Form (Cash, Check, etc.)
City	Stat	e Zip coo	Registration Number, if PAC
Full Name	Ту	pe*	M D Y Amount
Address	RE		Form (Cash, Check, etc.)
	St	ate Zip Code	

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.