

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Melody for Dublin School Board							
Full Name Scott Melody				Registration Number, if PAC			
Address 5785 Tarton Cir N		Type* L N			M 1 2	D 1 3	Y 0 7
						Amount 176.89	
City Dublin		State O H	Zip Code OH		Form(Cash,Check,etc) Check		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*			M	D	Y
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, place the letters 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.

Page Total \$ 176.89