

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens for Ted Berry							
Full Name				Registration Number, if PAC			
Executive Mailing Solutions LLC							
Address		Type*		M	D	Y	Amount
2651 Johnstown Rd		RE		1	1	2	\$1,725.64
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43219	Check			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
		RE					
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

\* 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.

1,725.64  
Page Total \$