31	 -	A-	2		
R.	C.	351	7.1	0(B)

Statement of Other Income

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Page	1

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Ted Berry	Registration Number, if PAC		
Full Name Executive Mailing Solutions LLC			
Address	Type*		M D Y Amount
2651 Johnstown Rd	RE		1 1 2 1 1 6 \$1,725.64
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43219	Check
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		<u> </u>	Registration Number, if PAC
Address	Type*	W. A	M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE -	7. 0.1	Form (Cash, Check, etc.)
City:	State OH	Zip Code	
Full Name			Registration Number, if PAC
Address	Type*	A TANK	M D Y Amount
	RE _	2: 0.1	Form (Cash, Check, etc.)
City	State OH	Zip Code	Torin (Cash, Check, clo.)
Full Name	··············		Registration Number, if PAC
Address	Type*	7 10 10 10	M D Y Amount
	RE Stake	Zip Code	Form (Cash, Check, etc.)
City	OH	Zip Code	A
Full Name			Registration Number, if PAC
Address	Type*	7.00	M D Y Amount
	RE	Zip Code	Form (Cash, Check, etc.)
City	State	Zip Code ,	
Full Name			Registration Number, if PAC
Address	Type*	22- 2	M D Y Amount
	RE _	The second secon	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

1,725.64

Page Total S

^{*} 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.