

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full GIBBS 4 KIDS COMMITTEE					
Full Name RADIO ONE			Registration Number, if PAC		
Address	Type* RE		M 1	D 1	Y 2
	State OH	Zip Code	Amount 11.00		
City COLUMBUS			Form (Cash, Check, etc.) DEBIT		
Full Name OUTBACK			Registration Number, if PAC		
Address	Type* refunc		M 1	D 0	Y 2
	State OH	Zip Code	Amount 1.37		
City COLUMBUS			Form (Cash, Check, etc.) DEBIT		
Full Name			Registration Number, if PAC		
Address	Type* refunc		M	D	Y
	State OH	Zip Code	Amount		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* refunc		M	D	Y
	State OH	Zip Code	Amount		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* refunc		M	D	Y
	State OH	Zip Code	Amount		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* refunc		M	D	Y
	State OH	Zip Code	Amount		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* refunc		M	D	Y
	State OH	Zip Code	Amount		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* refunc		M	D	Y
	State OH	Zip Code	Amount		
City			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, 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.