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Statement of Other Income

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Page	•		
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Prescribed by Secretary of State 2/01

Name of Committee in Full GIBBS 4 KIDS COMMITTEE	•					•
Full Name RADIO ONE			Registra	ation Nur	nber, if P	AC
Address	Type*		м 1 1	D 2 4	1 5	Amount 11.00
COLUMBUS	State	Zip Code	DE	3IT	eck, etc.)	
Full Name OUTBACK			Registra	ation Nur	nber, if P	AC
Address	refunc_		м 1 0	^D 2 7	1 5	Amount 1.37
COLUMBUS	State OH	Zip Code	Form (Cash, Check, etc.) DEBIT			
Full Name			Registration Number, if PAC			
Address	refunc_		M	D	Y	Amount
City	State OH	Zip Code			eck, etc.)	C
Full Name					nber, if P	
Address	refunc_		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.) Registration Number, if PAC			
Full Name						
Address	Type• refunc_		М	D	Y	.Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	refunc_		М	D	Y	Amount
City	State OH	Zip Code		Cash, Che		
Full Name			Registration Number, if PAC			
Address	Type*refunc_		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.) Registration Number, if PAC			
Full Name						
Address	Type* refunc		М	D	Y	Amount
City	State OH	Zip Code	Form (C	Cash, Che	ck, etc.)	

Page Total \$ 12.37

^{*} 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.