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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR HENNEBERT									
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Full Name RD A D LIENINIEREDT				Registration Number, if PAC					
BRAD HENNEBERT	T*		3/1	-	1 0.	T			
Address 7000 NICWA A LD A NIV CONTOUT	Type*		M	D	Y	Amount	160.00		
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WESTERVILLE Full Name					CHECK Program atom Number of PAC				
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full Name			Registre	Registration Number, if PAC					
Address	Туре*		М	D	Y	Amount			
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City	State	Zip Code	Form(C	ash Che	ck,etc)				

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ ____160.00_

^{*} 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,