Statement of Other Income

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Prescribed by Secretary of State 2/01

		_ 	
Name of Committee in Full Frank Macke for Judge Committee			
Full Name		· _	Registration Number, if PAC
Columbus Piavve Club			
Address	Type*		M D Y Amount
	RE		0 2 1 2 1 4 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH		Non cashed check
Full Name		·	Registration Number, if PAC
Address	Type*		M + D V Amount
	RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH,	Zip code	Tom (Casi, Check, etc.)
Full Name	1 011		Registration Number, if PAC
Address	Type*	, •••	M D Y Amount
	RE	·	
City	Staire	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.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M. D. Y. Amount
	RE	·	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		A Committee of the Comm
Full Name			Registration Number, if PAC
Address	Type*		M D V Amount
7100/55	RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
·	OH	Zip cout	Torm (Cash, Check, etc.)
Full Name	1 011	_	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.)
	ОН		

100.00

Page Total \$

^{*} 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.