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Statement of Other Income

Prescribed by Secretary of State 2/01

			<u> </u>	*************	ESCANO COSTO COLO DI CONC		
Name of Committee in Full The Committee To Fleet Aeron Tyler M	OOMO Total	The Dublin Beard	of Ed-	1004-	n		
The Committee To Elect Aaron Tyler Moore Into The Dublin Board of			UI EUU	JI EUUCATIOII			
Full Name Total Joans received this period from Form 31.C			Registration Number, if PAC				
Total loans received this period from Form	Type*		M	D	Y	Amount	
Address	L N		141			660.56	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name	L		Registration Number, if PAC				
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)			
Full Name			Registra	Registration Number, if PAC			
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)			
Full Name	I		Registra	Registration Number, if PAC			
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)			
Full Name			Registra	Registration Number, if PAC			
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)			
uli Name		Registration Number, if PAC					
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)			
Full Name			Registra	Registration Number, if PAC			
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
ull Name		Registra	Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		

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

Page Total \$ ___660.56_

^{*} 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,