

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Green Party						Registration Number, if PAC	
Full Name Interest income						Amount	
Address		Type* IN			M	D	Y
		State OH	Zip Code		0	6	3
City					0	1	1
Form (Cash, Check, etc.) direct deposit						\$0.11	
Full Name						Registration Number, if PAC	
Address		Type* RE			M	D	Y
		State OH	Zip Code				
City							
Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC	
Address		Type* RE			M	D	Y
		State OH	Zip Code				
City							
Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC	
Address		Type* RE			M	D	Y
		State OH	Zip Code				
City							
Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC	
Address		Type* RE			M	D	Y
		State OH	Zip Code				
City							
Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC	
Address		Type* RE			M	D	Y
		State OH	Zip Code				
City							
Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC	
Address		Type* RE			M	D	Y
		State OH	Zip Code				
City							
Form (Cash, Check, etc.)							
Full Name						Registration Number, if PAC	
Address		Type* RE			M	D	Y
		State OH	Zip Code				
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.