3	1.	-A	-2		
R	l.C	. 35	17.	10(E	3)

Statement of Other Income

Page	4	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Motil for City Council			
Full Name			Registration Number, if PAC
Address	Type*	and the state of t	M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	Staje OH	Zip Code	Form (Cash, Check, etc.)
Full Name		-1	Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	Stație OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	Stație OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	Stație OH	Zip Code	Form (Cash, Check, etc.)
Full Name		_	Registration Number, if PAC
Address	Type* RE	gi es	Mi D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	***	MI D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	3	M D Y Amount
City	Stație OH	Zip Code	Form (Cash, Check, etc.)

0.00
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.