Statement of Other Income

	1
Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·		
Franklin County Republican Party			
Full Name			Registration Number, if PAC
Preferred Long Distance	1		M N N N N N N N N N N N N N N N N N N N
Address 16830 Ventura Blvd., Ste. 350	Type* RE		1 0 2 8 1 0 \$43.25
City Encino	State CA	Zip Code 91436	Form (Cash, Check, etc.) check
Full Name			Registration Number, if PAC
Adding	mi	2.7	M D Y ₁ Amount
Address	Type* RE		
City	Stație OH	Zip Code	Form (Cash, Check, etc.)
Full Name		<u> </u>	Registration Number, if PAC
Address	Ti./.		M D Y _I Amount
Address	Type*		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1 011		Registration Number, if PAC
Address	Type*	Section of the sectio	M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE Staje	Zip Code	Form (Cash, Check, etc.)
	OH		Registration Number, if PAC
Full Name			regionation runities, it the
Address	Type*	A Maria	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Fuli Name	OH		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	I On		

43.25

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.