

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Gerber for Council					
Full Name Richard S. Gerber				Registration Number, if PAC	
Address 6125 Karrer Place		Type* LN	M D Y 0 8 2 1 1 1		Amount \$900.00
City Dublin		State OH	Zip Code 43017		Form (Cash, Check, etc.) Check
Full Name					
Address				Registration Number, if PAC	
City		Type*	M D Y		Amount
State		Zip Code		Form (Cash, Check, etc.)	
Full Name					
Address				Registration Number, if PAC	
City		Type*	M D Y		Amount
State		Zip Code		Form (Cash, Check, etc.)	
Full Name					
Address				Registration Number, if PAC	
City		Type*	M D Y		Amount
State		Zip Code		Form (Cash, Check, etc.)	
Full Name					
Address				Registration Number, if PAC	
City		Type*	M D Y		Amount
State		Zip Code		Form (Cash, Check, etc.)	
Full Name					
Address				Registration Number, if PAC	
City		Type*	M D Y		Amount
State		Zip Code		Form (Cash, Check, etc.)	
Full Name					
Address				Registration Number, if PAC	
City		Type*	M D Y		Amount
State		Zip Code		Form (Cash, Check, etc.)	
Full Name					
Address				Registration Number, if PAC	
City		Type*	M D Y		Amount
State		Zip Code		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.

Page Total \$ **900.00**