

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full White for Judge Committee								
Full Name Buckeye Printing & Mailing				Registration Number, if PAC				
Address 217 N. Grant Av		Type* R E			M 1	D 0	Y 3	Amount 609.54
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) Check				
Full Name Total Loans Rec'd this Period (from Form 31-C)				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount 42,000.00
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		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, place the letters 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 \$ **42,609.54**