3	1-	A-2	
R	.C.	3517.10(B)	•

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full									
White for Judge Committee Full Name	In	Registration Number, if PAC							
			Registra	ation Nun	iber, if PA	AC			
Buckeye Printing & Mailing Address	Type*		М	I n	Y	TA			
				D		Amount	600 54		
217 N. Grant Av City	RE	Zip Code		3 1			609.54		
_ ·	State H			ash,Chec					
Columbus Full Name		43215		Chec					
a	21 (3)		Registra	ition Nun	ber, if PA	AC.			
Total Loans Rec'd this Period (from For				1 5	1	T			
Address	Type*		M	D	Y	Amount	10 000 00		
-							42,000.00		
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
Full Name	Registration Number, if PAC								
<u> </u>				,		T			
Address	Type*		M	D	Y	Amount			
				<u> </u>					
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
Full Name			Registration Number, if PAC						
Address	Type*		M	D	Y	Amount			
City	State	Zip Code	Form(C	ash,Checl	k,etc)				
Full Name	•	Registration Number, if PAC							
							:		
Address	Type*		M	D	Y	Amount			
						<u> </u>			
City	State	Zip Code	Form(C	ash,Checl	c,etc)				
Full Name		Registration Number, if PAC							
Address	Type*		M	D	Y	Amount			
							9.50		
City	State	Zip Code	Form(C	ash,Checl	c,etc)				
Full Name				Registration Number, if PAC					
Address	Type*		М	D	Y	Amount			
	i 1			1		Ì			
City	State	Zip Code	Form(C	sh,Checl	c,etc)				
		1							
Full Name	·	Registra	tion Num	ber, if PA	C				
Address	Type*		M	D	Y	Amount			
			1			1			
City	State	Zip Code	Form(Ca	sh,Check	c,etc)				

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 42.609.54

^{*} 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,