

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Ronald D. Ball for Trustee Prairie Township							
Full Name Ronald D. Ball				Registration Number, if PAC			
Address 6750 Alkire Road		Type* LN		M 0 9		D 0 9	
City Galloway		State OH		Y 0 9		Amount \$2,000.00	
Zip Code 43119		Form (Cash, Check, etc.) Cash					
Full Name Ronald D. Ball				Registration Number, if PAC			
Address 6750 Alkire Road		Type* LN		M 1 0		D 0 2	
City Galloway		State OH		Y 0 9		Amount \$1,260.00	
Zip Code 43119		Form (Cash, Check, etc.) Check					
Full Name				Registration Number, if PAC			
Address		Type* RE		M		D	
City		State OH		Y		Amount	
Zip Code		Form (Cash, Check, etc.)					
Full Name				Registration Number, if PAC			
Address		Type* RE		M		D	
City		State OH		Y		Amount	
Zip Code		Form (Cash, Check, etc.)					
Full Name				Registration Number, if PAC			
Address		Type* RE		M		D	
City		State OH		Y		Amount	
Zip Code		Form (Cash, Check, etc.)					
Full Name				Registration Number, if PAC			
Address		Type* RE		M		D	
City		State OH		Y		Amount	
Zip Code		Form (Cash, Check, etc.)					
Full Name				Registration Number, if PAC			
Address		Type* RE		M		D	
City		State OH		Y		Amount	
Zip Code		Form (Cash, Check, etc.)					
Full Name				Registration Number, if PAC			
Address		Type* RE		M		D	
City		State OH		Y		Amount	
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.

3,260.00
Page Total \$