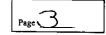
Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full			
Franklin County Green Party			
Full Name			Registration Number, if PAC
Interest income			
Address	Type*		М D Y Ашоцит 0 6 3 0 1 2 \$0.11
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name		•	Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
7		Ż .	
Address	Tylpe*		M D Y Amount
City	Stale OH	Zip Code	Form (Cash, Check, etc.)
Fuli Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name		-	Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	Stake OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	Stalte OH	Zip Code	Form (Cash, Check, etc.)

0.11

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.