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			Registration Number, if PAC
Ronald D Ball	Tr.lank		M D Y Amount
Address 6750 Alkire Road	Type*		1 1 0 5 0 9 \$317.70
City	State	Zip Code	Form (Cash, Check, etc.)
Galloway	ОН	43119	check
Full Name			Registration Number, if PAC
Ronald D Ball	T 4		M D Y Amount
Address 6750 Alkire Road	Type*		M D Y Amount 1 0 2 0 0 9 \$14.95
City	State	Zip Code	Form (Cash, Check, etc.)
Galloway	ОН	43119	cash
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
Cir.	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH	Zip Code	Tom (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
A WALL A (WALL)			,
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
	m; w		
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
- Cuy	OH	- P	
Full Name	Var t		Registration Number, if PAC
Address	Type*		M D Y Amount
1	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	_OH _		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

332.65

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.