

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 1	D 1	Y 0	Amount \$317.70
City Galloway		State OH	Zip Code 43119	Form (Cash, Check, etc.) check			
Full Name Ronald D Ball				Registration Number, if PAC			
Address 6750 Alkire Road		Type* LN		M 1	D 0	Y 2	Amount \$14.95
City Galloway		State OH	Zip Code 43119	Form (Cash, Check, etc.) cash			
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* 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		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			
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		State OH	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.

Page Total \$ **332.65**