

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Green Party					
Full Name Interest on checking account			Registration Number, if PAC NA		
Address	Type* RE		M	D	Y
	State OH	Zip Code	0	6	3
City			0	1	7
			Amount \$0.04		
Form (Cash, Check, etc.) cash					
Full Name					
Address			Type* RE	M	D
			State OH	Y	Amount
City			Zip Code	Form (Cash, Check, etc.)	
Full Name					
Address			Type* RE	M	D
			State OH	Y	Amount
City			Zip Code	Form (Cash, Check, etc.)	
Full Name					
Address			Type* RE	M	D
			State OH	Y	Amount
City			Zip Code	Form (Cash, Check, etc.)	
Full Name					
Address			Type* RE	M	D
			State OH	Y	Amount
City			Zip Code	Form (Cash, Check, etc.)	
Full Name					
Address			Type* RE	M	D
			State OH	Y	Amount
City			Zip Code	Form (Cash, Check, etc.)	
Full Name					
Address			Type* RE	M	D
			State OH	Y	Amount
City			Zip Code	Form (Cash, Check, etc.)	
Full Name					
Address			Type* RE	M	D
			State OH	Y	Amount
City			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.