

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Phil Harmon for Columbus City Council Campaign Committee					
Full Name Phil Harmon			Registration Number, if PAC		
Address 5312 Longrifle Rd.		Type* LN	M 0	D 7	Y 2 9 0 5
City Westerville		State OH	Zip Code 43081		Amount \$50,000.00
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
		RE			
City		State	Zip Code		Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
		RE			
City		State	Zip Code		Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
		RE			
City		State	Zip Code		Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
		RE			
City		State	Zip Code		Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
		RE			
City		State	Zip Code		Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
		RE			
City		State	Zip Code		Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
		RE			
City		State	Zip Code		Amount
		OH			
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.

50,000.00

Page Total \$