

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Tina Pierce					
Full Name Office Depot/Office Max				Registration Number, if PAC	
Address 165 Graceland Blvd.	Type* RE		M 0	D 7	Y 0615
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.)		Amount \$149.37
Full Name Fireball Press				Registration Number, if PAC	
Address 27 East 5th Avenue	Type* RE		M 0	D 8	Y 2015
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.)		Amount \$122.82
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

\* 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.

272.19

Page Total \$