## **Statement of Other Income**

Page

Prescribed by Secretary of State 2/01

Name of Committee in Full	L. 2.5		
Full Name	10111111		Registration Number, if PAC
Shoper 2 edemotes		7 CK)	
Address S. T. J. V. A. S. T.	Type* RE		M D Y Amount 34
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
Melissa J. Alba	Why		
Address LEENMANICACHICH CH	Type* RE		M D Y Amount 1,300 32
City Carrie Carrie	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
Address	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE _	Zin Co. I.	Form (Cach Charle etc.)
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
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Address	Type*		M D Y Amount
Address	Type* RE State	Zip Çode	
City	RE _	Zip Code	M D Y Amount Form (Cash, Check, etc.)
	RE State	Zip Code	M D Y Amount
City	RE State OH	Zip Code	M D Y Amount Form (Cash, Check, etc.)
City Full Name Address	RE State OH Type* RE State	Zip Code	M D Y Amount  Form (Cash, Check, etc.)  Registration Number, if PAC
City Full Name Address City	RE State OH Type* RE		M D Y Amount  Form (Cash, Check, etc.)  Registration Number, if PAC  M D Y Amount
City Full Name Address City	RE State OH  Type* RE State OH		M D Y Amount  Form (Cash, Check, etc.)  Registration Number, if PAC  M D Y Amount  Form (Cash, Check, etc.)  Registration Number, if PAC
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City Full Name  Address  City  Full Name  Address	RE State OH  Type* RE State OH  Type* RE RE	Zip Code	Form (Cash, Check, etc.)  Registration Number, if PAC  M D Y Amount  Form (Cash, Check, etc.)  Registration Number, if PAC  M D Y Amount
City  Full Name  Address  City  Full Name  Address  City  Full Name	RE State OH  Type* RE OH  Type* RE OH  OH	Zip Code	Form (Cash, Check, etc.)  Registration Number, if PAC  M D Y Amount  Form (Cash, Check, etc.)  Registration Number, if PAC  M D Y Amount  Form (Cash, Check, etc.)  Registration Number, if PAC
City  Full Name  Address  City  Full Name  Address  City	RE State OH  Type* RE State OH  Type* RE State OH  Type*	Zip Code	Form (Cash, Check, etc.)  Registration Number, if PAC  M D Y Amount  Form (Cash, Check, etc.)  Registration Number, if PAC  M D Y Amount  Form (Cash, Check, etc.)
City  Full Name  Address  City  Full Name  Address  City  Full Name	RE State OH  Type* RE OH  Type* RE OH  OH	Zip Code	Form (Cash, Check, etc.)  Registration Number, if PAC  M D Y Amount  Form (Cash, Check, etc.)  Registration Number, if PAC  M D Y Amount  Form (Cash, Check, etc.)  Registration Number, if PAC

\* 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 \$

542