

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>UNITED For Albright</u>					
Full Name <u>Columbus Dispatch (Btw ck)</u>				Registration Number, if PAC	
Address <u>24 S. Third St.</u>	Type* <b>RE</b>	State <b>OH</b>	Zip Code <u>43205</u>	M <u>12</u>	D <u>12</u>
City <u>Columbus</u>				Y <u>09</u>	Amount <u>242.34</u>
Form (Cash, Check, etc.) <u>ck</u>					
Full Name <u>Melissa T. Albright</u>					
Address <u>1888 Morninglight Ct</u>				Registration Number, if PAC	
City <u>Grove City</u>	Type* <b>RE</b>	State <b>OH</b>	Zip Code <u>43123</u>	M <u>05</u>	D <u>18</u>
				Y <u>10</u>	Amount <u>1,300.00</u>
Form (Cash, Check, etc.) <u>ck</u>					
Full Name					
Address				Registration Number, if PAC	
City	Type* <b>RE</b>	State <b>OH</b>	Zip Code	M	D
				Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <b>RE</b>	State <b>OH</b>	Zip Code	M	D
				Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <b>RE</b>	State <b>OH</b>	Zip Code	M	D
				Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <b>RE</b>	State <b>OH</b>	Zip Code	M	D
				Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <b>RE</b>	State <b>OH</b>	Zip Code	M	D
				Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <b>RE</b>	State <b>OH</b>	Zip Code	M	D
				Y	Amount
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.