

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Spalding								
Full Name Sloan T. Spalding					Registration Number, if PAC			
Address 7567 King George Drive		Type* LN			M 0	D 9	Y 1	Amount \$300.00
City New Albany		State OH	Zip Code 43054		Form (Cash, Check, etc.) cash			
Full Name Sloan T. Spalding					Registration Number, if PAC			
Address 7567 King George Drive		Type* LN			M 0	D 9	Y 2	Amount \$1,200.00
City New Albany		State OH	Zip Code 43054		Form (Cash, Check, etc.) cash			
Full Name Sloan T. Spalding					Registration Number, if PAC			
Address 7567 King George Drive		Type* LN			M 1	D 0	Y 0	Amount \$500.00
City New Albany		State OH	Zip Code 43054		Form (Cash, Check, etc.) cash			
Full Name					Registration Number, if PAC			
Address		Type* LN			M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC			
Address		Type* RE			M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC			
Address 7567 King George Drive		Type* RE			M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC			
Address		Type* RE			M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC			
Address		Type* RE			M	D	Y	Amount
City		State OH	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.

2,000.00

Page Total \$