## **Statement of Other Income**

Page \_\_\_\_

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Spalding			Registration Number, if PAC
Full Name Sloan T. Spalding			registration runned, it inc
Address	Type*		M D Y Amount
7567 King George Drive	LN _	-	0 9 1 0 0 9 \$300.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Sloan T. Spalding			
Address	Type*		M D Y Amount
7567 King George Drive	LN		0 9 2 4 0 9 \$1,200.00
City	State	Zip Code 43054	Form (Cash, Check, etc.)
New Albany	OH	43054	Registration Number, if PAC
Full Name Sloan T. Spalding			
Address	Type*		M D Y Amount
7567 King George Drive	LN		1 0 0 7 0 9 \$500.00
City	State	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	cash   Registration Number, if PAC
Full Name			Registration Number, it PAC
Address	Type*		M D Y Amount
	LN		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Registration Number, if PAC
Full Name			Registration Number, it FAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Registration Number, if PAC
Full Name			Registration Named, 11776
Address	Type*		M D Y Amount
7567 King George Drive	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	On		Registration Number, if PAC
Address	Type*		M D Y Amount
Cin	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH	Lip esat	
Full Name	UII		Registration Number, if PAC
Allena	Type*		M D Y Amount
Address	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
er			

2,000.00
Page Total \$ \_\_\_\_\_

<sup>\*</sup> 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.