31-A-2	
R.C. 3517.10(1	3)

## Statement of Other Income Prescribed by Secretary of State 2/01

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Name of Committee in Full			
Van Gregs Committee to Elec	ct	 	
Name of Committee in Full  An Orega Committee to Elec  Full Name.  Loan Transfer Form 3 le			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		M D Y Amount 60
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	741	
Full Name		5	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
		4	
Address	Type*		M D Y Amount
	RE	g: Q I	
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	011	,	Registration Number, if PAC
11 Aur.		· · · · · · · · · · · · · · · · · · ·	
Address	Type*		M D Y Amount
City .	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH		Total (casa, casoa, cas.)
Full Name			Registration Number, if PAC
		, : <del>[</del> ]	
Address	Type* RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН	St	
Full Name		:1	Registration Number, if PAC
Address	Type*		M D Y Amount
·	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	_OH		Registration Number, if PAC
run Name		•	
Address	Type*		M D Y Amount
	_RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
	VII	1 .	

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.