

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Our Community Our Schools						Registration Number, if PAC	
Full Name Thomas & Georgia Peet						Registration Number, if PAC	
Address 6128 Headington Place		Type* LN	M 0		D 7	Y 1	Amount \$1,000.00
City Gahanna		State OH	Zip Code 43230		Form (Cash, Check, etc.) Check		
Full Name Linda Weiler						Registration Number, if PAC	
Address 5265 Hoover Gate Lane		Type* LN	M 0		D 8	Y 1	Amount \$500.00
City Westerville		State OH	Zip Code 43082		Form (Cash, Check, etc.) Check		
Full Name Nancy McFarland						Registration Number, if PAC	
Address 59 College Place		Type* LN	M 0		D 8	Y 2	Amount \$25,000.00
City Westerville		State OH	Zip Code 43081		Form (Cash, Check, etc.) Check		
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.)		
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.)		
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.

26,500.00
Page Total \$