

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF JEFF CARLSON							Registration Number, if PAC			
Full Name JEFFREY CARLSON							Registration Number, if PAC			
Address 7481 MORSE RD		Type* LN			M 09	D 28	Y 09	Amount 1,500.00		
City NEW ALBANY		State OH	Zip Code 43054		Form(Cash,Check,etc)					
Full Name							Registration Number, if PAC			
Address							M D Y Amount			
City							Form(Cash,Check,etc)			
Full Name							Registration Number, if PAC			
Address							M D Y Amount			
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Full Name							Registration Number, if PAC			
Address							M D Y Amount			
City							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, place the letters 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.