

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Vilardo for Schools						Registration Number, if PAC		
Full Name City of Westerville						Registration Number, if PAC		
Address 350 N. Cleveland Avenue		Type* R E			M 1 1	D 2 0	Y 1 3	Amount 150.00
City Westerville		State O H	Zip Code 43082		Form(Cash,Check,etc) Check			
Full Name Target Business Services						Registration Number, if PAC		
Address 12920-B Stonecreek Drive		Type* R E			M 1 1	D 2 6	Y 1 3	Amount 111.00
City Pickerington		State O H	Zip Code 43147		Form(Cash,Check,etc) Check			
Full Name						Registration Number, if PAC		
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address		Type*			M	D	Y	Amount
City		State	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, 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.