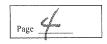
Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full							
Full Name				Registration Number, if PAC			
Name of Committee in Full EKCF Frank Milillo Full Name Frank Milillo Address 2056 Zollinger Rcd City Calumbus, Full Name	Type*		M 0 8	D (S		Amount 500 ° CO	
City A. L.	State	Zip Code 4322	Form (Ca	ash, Chec			
C6 (4m043) Full Name	ОН	4366 TOTAL TOTAL	CQS h Registration Number, if PAC				
Address	Type*		M: D Y: Amount				
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City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Ca	ash, Chec	k, etc.)		
Full Name	OH		Registration Number, if PAC				
Address	Type*		M _.	D	Y	Åmount	
Cip.	RE State	Zip Code	Form (C	ash, Chec	ck, etc.)		
City	OH	,					
Full Name	ime			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name	l OH	Registration Number, if PAC					
Address	Type*		M	D	Y	Amount	
City	RE State	Zip Code	Form (C	Cash, Che	ck, etc.)		
	ОН		Registration Number, if PAC				
Full Name							
Address	Type* RE		М	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
Full Name	OH		Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	RE State	Zip Code	Form (C	Cash, Che	ck, etc.)		
	ОН						

0.00

^{*} 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.