

FOR PAPER FILING ONLY

Statement of Other Income

Prescribed by Secretary of State 2/01

Page 1

Name of Committee in Full Stonewall Democrats Of Central Ohio					
Full Name Eric Wyne				Registration Number, if PAC	
Address 3822 S Arlington Rd		Type* LN <input checked="" type="checkbox"/>	M 0 D 3 Y 16		Amount \$300.00
City Uniontown		State OH	Zip Code 44685		Form (Cash, Check, etc.) Check
Full Name					
Address				Registration Number, if PAC	
Address		Type* RE	M D Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				Registration Number, if PAC	
Address		Type* RE	M D Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				Registration Number, if PAC	
Address		Type* RE	M D Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				Registration Number, if PAC	
Address		Type* RE	M D Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				Registration Number, if PAC	
Address		Type* RE	M D Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				Registration Number, if PAC	
Address		Type* RE	M D Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address				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.

300.00
Page Total \$