

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Jolley							
Full Name Citizens for Jason Phillips				Registration Number, if PAC			
Address 1153 Riva Ridge Blvd		Type* L N		M 0	D 2	Y 8	Amount 500.00
City Gahanna		State O H		Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name Loan From Form 31-C				Registration Number, if PAC			
Address		Type* L N		M 0	D 3	Y 6	Amount 500.00
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)	
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.