Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full				_			
Citizens for Jolley			Tp.	Nb1 2	2		
Full Name			Kegistration	Number, if PA	•		
Citizens for Jason Phillips		70.0	N/ 1	<u></u>	Amount		
Address	Type*			D Y 2 8 1 5	500.0		
1153 Riva Ridge Blvd	L N	Zip Code	Form(Cash,0		500.0		
Cahanna	State H	43230		neck			
Gahanna Full Name	<u>O H</u>	1 43230		Number, if PA	C		
			giananon		•		
Loan From Form 31-C	Type*	* N N	М	D Y	Amount		
; Null 633	L N		0 3 1	16 1 5	500.0		
City	State	Zíp Code	Form(Cash,	Form(Cash,Check,etc)			
Full Name		Registration	Registration Number, if PAC				
Address	T*	3 2 3 4 1 2 1	. м	D Y	Amount		
Address	Type*			1	· JIVWIII		
City	State	Zip Code	Form(Cash,	Check,etc)			
Full Name				Registration Number, if PAC			
Address	Type*		М	D Y	Amount		
rualtos	Type	1					
City	State	Zip Code	Form(Cash,	Check,etc)	10 mg		
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uli Name			Registration Number, if PAC				
Address	Type*	4 4 4 4	М	D Y	Amount		
	"			+ $+$ $+$	<u></u>		
City	State	Zip Code	Form(Cash,	,Check,etc)			
Full Name		<u></u>	Registration Number, if PAC				
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Address	Type*	A such	М	D Y	Amount		
City	State	Zip Code	Form(Cash,	,Check,etc)			
Full Name			Registration	Registration Number, if PAC			
Address	Type*	200	М	D Y	Amount		
City	State	Zip Code	Form(Cach	,Check,etc)	* * * * * * * * * * * * * * * * * * *		
City	State	Zip code		_	Rose		
Full Name			Registration	n Number, if PA	AC		
Address	Type*		М	D Y	Amount		
City	State	Zip Code	Form(Cash	,Check,etc)			
		<u></u>					

SA for the sale of committee assets, or LN for payments received on a loan made.

^{*} 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 carned by the committee,