## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full	<del> </del>	H
The Committee to Elect Dominic Par	etti	
Full Name		Registration Number, if PAC
Dominic Paretti		
Address 522 1/2 S Pearl St	Type• LN ▼	1 0 0 8 1 5 \$25.00
City	State Zip Code	
Columbus	OH   4321	Cash
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
	RE	
City	Staire Zip Code	Form (Cash, Check, etc.)
Full Name	OH	Registration Number, if PAC
Full Name		Registration Number, 11 FAC
Address	Type*	M D Y Amount
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City	State Zip Code	Form (Cash, Check, etc.)
Full Name	On	Registration Number, if PAC
i di Name		Registation (value), ITAC
Address	Type*	M D Y Amount
	RE	-
City	State Zip Code	Form (Cash, Check, etc.)
Full Name	OH	Registration Number, if PAC
run vane		Registation (volume), if the
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	e Form (Cash, Check, etc.)
Full Name	OH	Registration Number, if PAC
r un Name		Regulation Number, which
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
Full Name	1 011	Registration Number, if PAC
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash. Check, etc.)
Full Name	<u> </u>	Registration Number, if PAC
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Address	Туре• RE	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
	OH _	

25.00 Page Total S

<sup>\*</sup> 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.