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Statement of Other Income

Prescribed by Secretary of State 2/01

Debbie Johnson for Upper Arlington Counsel Registration Number, if PAC Mark A. & Deborah A. Johnson Address Type* Type*		<u> </u>							
Registration Number, if PAC PAC	Name of Committee in Full	Councel							
Mark A. & Deborah A. Johnson		i Courisei			Danieten	tion Num	her if DA	<u></u>	
Address					Registra	non i vu n	oei, ii ra	· C	
1 2 3 1 1 2 2.5	Address	Type*		·	M	D	Y	Amount	
Columbus	1903 Brandywine Drive				1 2	3 1	1 2		2,500.00
Pall Name		1	Zip Code		Form(Cash,Check,etc)				
State Zip Code Form(Cash,Check,etc)		`			Registration Number, if PAC				
State Zip Code Form(Cash, Check, etc)	Address	Туре*			М	D	Y	Amount	
Address	City	State	Zip Cod		Form(Ca	ash,Checl	k,etc)		7
City	Full Name				Registration Number, if PAC				
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	Full Name				Registra	ation Nun	nber, if P	AC	
	Address	Type*		P	•	<u> </u>		Amount	
City State Zip Code Form(Cash,Check,etc)	City	State			Form(Cash,Check,etc)			7	n.

* 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.

Page Total \$ 2.500.00