

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Paley for Columbus							
Full Name Parsons Ave Merchant Association				Registration Number, if PAC			
Address 827 Parsons Ave.	Type* V O			M 1 2	D 3 1	Y 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc)			
Full Name Columbus Professional Firefighters, Local 67				Registration Number, if PAC			
Address 379 W. Broad St.	Type* V O			M 1 2	D 3 1	Y 1 4	Amount 30.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc)			
Full Name Central Ohio Labor Council, AFL-CIO				Registration Number, if PAC			
Address 1545 Alum Creek Dr.	Type* V O			M 1 2	D 3 1	Y 1 4	Amount 120.00
City Columbus	State O H	Zip Code 43209		Form(Cash,Check,etc)			
Full Name Driving Park Civic Association				Registration Number, if PAC			
Address 115 Greegs Ave.	Type* V O			M 1 2	D 3 1	Y 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43206		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.

Page Total \$ 350.00