

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Donahey Committee</b>					
Full Name <b>Albert N. Donahey</b>				Registration Number, if PAC	
Address <b>7171 Charleton Ct.</b>		Type* <b>L   N</b>	M   D   Y <b>0   6   0   9   0   6</b>		Amount <b>52,000.00</b>
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name <b>Carol N. Holley</b>				Registration Number, if PAC	
Address <b>26 Tanglewylde Ave.</b>		Type* <b>L   N</b>	M   D   Y <b>0   6   0   9   0   6</b>		Amount <b>49,000.00</b>
City <b>Bronxville</b>	State <b>N   Y</b>	Zip Code <b>10708</b>	Form(Cash,Check,etc) <b>Check</b>		
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.

Page Total \$ 101,000.00  
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