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Statement of Other Income

Prescribed by Secretary of State 2/01

5- 00 1 P 4									
Name of Committee in Full				-					
Donahey Committee	Desi-4	or Nr.	10" ich	AC.					
Full Name	Registrat	Registration Number, if PAC							
Albert N. Donahey	171 4		N4 1	- 15	v	Amaria			
Address	Type*		M	D	Y	Amount	E0 000 00°		
7171 Charleton Ct.	LN	7in C - 1-	0 6	0 9	0 6		52,000.00		
City	State	Zip Code	Form(Ca						
Canal Winchester	ОН	43110		Checl		V G			
Full Name		Registration Number, if PAC							
Carol N. Holley	P					4 ,			
Address	Type*		M	D	Y	Amount	40.000.00		
26 Tanglewylde Ave.	LN					<u> </u>	49,000.00		
City	State	Zip Code	Form(Ca						
Bronxville	$N \mid Y$	10708		Checl					
Full Name			Registrat	ion Num	ber, if Pa	AC			
									
Address	Type*		М	D	Y	Amount			
City	State	Zip Code	Form(Ca	sh,Check	r,etc)				
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Full Name			Registrat	ion Num	ber, if Pa	AC			
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Address	Type*		М	D	Y	Amount			
ļ				<u> </u>		L			
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Full Name		Registrat	ion Num	ber, if Pa	AC	3			
Address	Type*		М	D	Y	Amount			
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City	State	Zip Code	Form(Ca	sh,Check	t,etc)				
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Full Name					Registration Number, if PAC				
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Address	Type*		M	D	Y	Amount			
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City	State	Zip Code	Form(Ca	sh.Check	Letc)				
City		Dip Sour	1(0.	wavel	.,,				
Evil Name		<u></u>	Registrat	ion Num	ber. if D	AC			
Full Name			I Sisua	14411	H. I'i				
Address	T-m-#		M	D	Y	Amount			
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		Zin Cada	Form(Ca	ob Charl	Leto)	-			
City	State	Zip Code	Form(Ca	usu, UNCCI	x,010)				
			D 1-4	lo- NT	hon ler	ÁC			
Full Name			Registrat	uon Num	oer, if P	nc			
			1		122	TA :			
Address	Type*		M	D	Y	Amount			
				سلا					
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)				

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

/0/, 000.00 Page Total \$ #######

^{*} 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,