

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Re-Elect King Trustee							
Full Name Denise Franz King				Registration Number, if PAC			
Address 170 S. Riverview Street		Type* RE		M D Y 0 8 1 3 1 3		Amount \$1,000.00	
City Dublin		State OH		Zip Code 43017		Form (Cash, Check, etc.) Check	
Full Name				Registration Number, if PAC			
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M D Y		Amount	
City		State OH		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, 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.

1,000.00
Page Total \$