

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Support Your Bexley Library</u>							
Full Name <u>Samuel H. Shumaker</u>				Registration Number, if PAC			
Address <u>2590 Maryland</u>		Type* <u>1</u>		M	D	Y	Amount <u>2000 \$x</u>
City <u>Bexley</u>	State <u>OH</u>	Zip Code <u>43209</u>		Form(Cash,Check,etc) <u>check</u>			
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)			
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 \$ 2000.00