Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full JTW RAUCK For Trustee			
Fall Name TAMRS O, Rauch	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Full Name TAMRS O, Rauck Address IIII London Grave Port Road City Crove City Evill Name	Type*		M907175,0000
Grove City	State OH	Zip Code 43\23	Form (Cash, Check, etc.) Check - 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	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 QH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*RE		M D Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)

Page Total \$ 5000 at

^{*} 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.