Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full Sols For Columbus PA	-C		
FULL Name Elicia Franci (persona	11 loan	#2)=7Usroum	
293 msslate Court	ĽN	and taken	05 19 16 5,000, 8x
westerville	OH	4308	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Туре*		Mt 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	Туре*		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*	ing a gradient	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	1		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)

Page Total S 5,000, 60

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.