

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO REELECT WILLIAM LOTZ					
Full Name WILLIAM F LOTZ			Registration Number, if PAC		
Address 3800 ZUBER RD	Type* LN		M 0	D 8	Y 0
City ORIENT	State OH	Zip Code	Form (Cash, Check, etc.) CASH		Amount \$500.00
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount

* 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.