Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO REELECT WILLIAM LOTZ			
Full Name			Registration Number, if PAC
WILLIAM F LOTZ			
Address 3800 ZUBER RD	Type* LN		M D Y Amount 0 8 0 4 0 9 \$500.00
City	State	Zip Code	Form (Cash, Check, etc.)
ORIENT	OH		CASH Registration Number if BAC
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
0.	RE	Tip Code	Form (Coch Check etc.)
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Туре*		M D Y Amount
A.	RE	Zin Code	Form (Cach, Chade etc.)
City	Stalte OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
City	ОН		(
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH		, 5, 500.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
Cin	RE _	Zip Code	Form (Cash, Check, etc.)
City	State OH	Zip Couc	, our (oasii, onotk, oto.)
Full Name	- X		Registration Number, if PAC
Address	Type*		M D Y Amount
Ci.	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH Staffe	Zip Couc	. om (easily eneck, etc.)

500.00
Page Total \$ ____

^{*} 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.