## **Statement of Other Income**

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Committee to Elect Bill Todd			
Full Name			Registration Number, if PAC
PayPal - Verification		<u> </u>	
Address	Type*		M D Y Amount
P.O. Box 45950	RE _	Zin Co.i.	0 3 0 8 0 7 \$0.12
City	State NE	Zip Code 68145	Form (Cash, Check, etc.) electronic transfer
Omaha Eull Norse	IAC	00170	Registration Number, if PAC
Full Name PayPal - Verification			
Address	Type*		M D Y Amount
P.O. Box 45950	RE		0 3 0 8 0 7 \$0.08
City	State	Zip Code	Form (Cash, Check, etc.)
Omaha	NE	68145	electronic transfer
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	100.0	F- (0-1-0'-1-0'-1-0-1-0'-1-0'-1-0'-1-0'-1-0
City	State	Zip Code	Form (Cash, Check, etc.)
Evil Moreo	ОН		Registration Number, if PAC
Full Name			
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
		<u> </u>	
Address	Type*		M D Y Amount
Ci.	RE _	Zin Code	Form (Such Check atc.)
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	Un		Registration Number, if PAC
			-
Address	Type*		M D Y Amount
Í	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
		<u> </u>	M D V
Address	Type*		M D Y Amount
City	RE _	Zip Code	Form (Cash, Check, etc.)
City	State OH		, , , , , , , , , , , , , , , , , , , ,
Full Name	Un	<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
l	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

0.20

Page Total \$

<sup>\*</sup> 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.