

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>GONZALES FOR Judge</b>									
Full Name <b>EXECUTIVE MAILING SOLUTIONS LLC (REFUND of Overpay)</b>							Registration Number, if PAC		
Address <b>2651 Johnstown Rd</b>		Type*				M D Y <b>1 1 0 7 1 4</b>		Amount <b>171403</b>	
City <b>COLUMBUS</b>		State <b>OHIO</b>		Zip Code <b>43219</b>		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*				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*				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*				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.)			

\* 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.