Statement of Other Income

Page _ 8

Prescribed by Secretary of State 2/01

Name of Committee in Full	•		·
Citizens for Tom Baker			
Full Name			Registration Number, if PAC
Tom Baker			, -
Address	Type*		M D Yt Amount
4893 Brixston Dr	LN	•	0 2 2 8 1 3 \$2,500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard	ОН	43026	Check
Full Name	•		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Fuli Name			Registration Number, if PAC
A 11	T		
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
Cay	OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1 011		Registration Number, if PAC
, — · · - · ·		•	registration (dance), it is
Address	Type*		M D Y Amount
	RÉ		
City	State	Zip Code	Form (Cash, Check, etc.)
·	OH.		
Full Name		1	Registration Number, if PAC
Address	Type*		M D Y Amount
	<u></u> RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		· · · · · · · · · · · · · · · · · · ·
Full Name			Registration Number, if PAC
	T 7: •		M 15 13
Address	Type*		M D Y Amount
City	RE	Zip Code	Form (Cash Check etc.)
City	State OH	Zip Code	Form (Cash, Check, etc.)
Fuli Name	1 011	<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	_он'		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	L_RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

2,500.00

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.