## Statement of Other Income Prescribed by Secretary of State 2/01

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						chico-finance contraction of the	
Name of Committee in Full Uhrin for GC Council							
Full Name				Registration Number, if PAC			
Loan transfer from form no. 31-C							
Address	Type*		1 0	D 0	Amou 9 \$9,	nt 000.00	
City	State OH	Zip Code	Form (Ca	ish, Check,	etc.)		
Full Name				Registration Number, if PAC			
Address	Type*		M	D ,	Y Amou	nt	
City	State OH	Zip Code	Form (Ca	Form (Cash, Check, etc.)			
Full Name			Registrati	Registration Number, if PAC			
Address	Type*		М	D	Y Amou	nt	
City	State OH	Zip Code	Form (Ca	Form (Cash, Check, etc.)			
Full Name			Registrat	ion Number	, if PAC		
Address	Type*		M	D	Y Amou	nt	
City	State OH	Zip Code	Form (Ca	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y Amou	nt	
City	State OH	Zip Code	Form (Ca	Form (Cash, Check, etc.)			
Full Name			Registrat	Registration Number, if PAC			
Address	Type* RE		M	Base of the control o	Y Amou	nt	
City	State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name			Registrati	Registration Number, if PAC			
Address	Type*		M	D ,	Y Amou	nt <sub>.</sub>	
City	State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address	Type* RE		M	term of many principles	Y Amou	nt	
City	State OH	Zip Code	Form (Ca	Form (Cash, Check, etc.)			

9,000.00 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.