

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Thomas Hayes for Judge Committee							
Full Name TOTAL OF ALL LOANS RECEIVED from 31-C				Registration Number, if PAC			
Address	Type*			M	D	Y	Amount
	L N						55.00
City	State	Zip Code	Form(Cash, Check, etc)				
Full Name Fifth Third Bank - Service Charge from 3-12-14 Reversed				Registration Number, if PAC			
Address	Type*			M	D	Y	Amount
809 S. High St.				0	3	2	3.00
City	State	Zip Code	Form(Cash, Check, etc)				
Columbus	O H	43206	Auto Deposit				
Full Name Fifth Third Bank - Service Charge from 4-10-14 Reversed				Registration Number, if PAC			
Address	Type*			M	D	Y	Amount
809 S. High St.				0	4	1	12.00
City	State	Zip Code	Form(Cash, Check, etc)				
Columbus	O H	43206	Auto Deposit				
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, place the letters 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.

Page Total \$ 70.00