

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Tina Pierce					
Full Name Reimbursement to Tina Pierce from Staples for pens			Registration Number, if PAC		
Address 3737 Easton Market	Type* RE		M 0	D 2	Y 0415
City Columbus	State OH	Zip Code 43219	Amount \$6.98		
Form (Cash, Check, etc.) Refund - Mastercard					
Full Name Staples			Registration Number, if PAC		
Address 1747 Olentangy River Road	Type* RE		M 0	D 4	Y 1515
City Columbus	State OH	Zip Code 43212	Amount \$21.27		
Form (Cash, Check, etc.) Refund - Credit					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
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.