Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Kathryn Hille for City Council			
Full Name			Registration Number, if PAC
Kathryn Hille			
Address	Type*		M D Y Amount
3485 Indianola Avenue	LN		0 3 0 1 1 7 \$100.00
City Columbus		Zip Code	Form (Cash, Check, etc.)
Full Name	OH	43214	CASH
i un Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	· 7 · · · · · · · · · · · · · · · · · ·	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
A 33			
Address	Type*		M D Y Amount
City	RE State Z	Zip Code	Form (Cash, Check, etc.)
	OH	Sip Code	Torin (Cash, Cheek, Ctc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	1 '	Zip Code	Form (Cash, Check, etc.)
Full Name	OH	·	Registration Number, if PAC
run Name			registration Number, it FAC
Address	Type*		M D Y Amount
	RE		
City	1 ' 1	Cip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
Addiess	RE		Amount
City		Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
	· · · · · · · · · · · · · · · · · · ·		
Address	Type*		M D Y Amount
City	RE	in Code	
Chy	1 1	Cip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
			· ·
Address	Type*		M D Y Amount
	RE		
City	1 1	Cip Code	Form (Cash, Check, etc.)
	OH		

100.00

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.