

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Kathryn Hille for City Council									
Full Name Kathryn Hille					Registration Number, if PAC				
Address 3485 Indianola Avenue		Type* LN				M	D	Y	Amount \$100.00
City Columbus		State OH		Zip Code 43214		Form (Cash, Check, etc.) CASH			
Full Name					Registration Number, if PAC				
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC				
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC				
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC				
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC				
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC				
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC				
Address		Type* RE				M	D	Y	Amount
City		State OH		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, 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.