

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR TOM BAKER					
Full Name TOM BAKER			Registration Number, if PAC		
Address 4893 BRIXSTON DRIVE	Type* LN		M 0	D 1	Y 1
City HILLIARD	State OH	Zip Code 43026	Form (Cash, Check, etc.) CASH		Amount \$500.00
Full Name TOM BAKER			Registration Number, if PAC		
Address 4893 BRIXSTON DRIVE	Type* LN		M 0	D 3	Y 0
City HILLIARD	State OH	Zip Code 43026	Form (Cash, Check, etc.)		Amount \$5,000.00
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

* 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.

5,500.00
Page Total \$