## **Statement of Other Income**

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Prescribed by Secretary of State 2/0

Name of Committee in Full			
Citizens for a Safer Grove City			
Full Name	-		Registration Number, if PAC
Jackson Township Professional Firefighters			
Address	Type"		M D Y Amount
PO Box 176	LN		1 0 2 8 1 4 \$2,000.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check
Pull Name	On	40120	Registration Number, if PAC
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Address	Type*	the management is a constitution of	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*	4 1章 / 注意	M D Y Amount
City	RE _	Zip Code	Form (Cash, Check, etc.)
City .	Stație OH	Zip Code	rorm (Cash, Check, etc.)
Full Name	011		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	A Section of the section of	
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
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Address	Type* RE	<u>,</u>	Mi D Y Amount
City	F1 C	Zip Code	Form (Cash, Check, etc.)
,	ОН		
Full Name	<u> </u>	1	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		Parisments Number (CDLC
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
	_OH _		
Full Name			Registration Number, if PAC
Address	Туре		M D Y Amount
	_RE, _		
City	Stațe	Zip Code	Form (Cash, Check, etc.)
	OH _	<u> </u>	

2,000.00
Page Total \$

<sup>\*</sup> 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.