

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
PRIENISS OF VETF LARSON				Desciention Number if DAC			
Name of Committee in Full FRIENDS OF JEFF CARSON Full Name JEFFREY CARSON Address 7481 Morse Ris City Now ALBANY Dit U3054			Registration Number, if PAC				
Address	Type*		М	D		Amount	
7481 MOREE RD	LN		09	28	09	1,525,00	
City Now ALBANY	State O H	Zip Code 43054	Form(Ca	ish,Check	,etc)		
Full Name	ne			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
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City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
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Address	Type*		М	D	Y	Amount	
C.	State	Zip Code	Form(C	ash,Check	etc)		
City	State	Zip Code	Tomice	asii,Ciicon	.,010)		
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
Address							
City	State	Zip Code	Form(C	ash,Check	c,etc)		
Full Name			Registration Number, if PAC				
A 11	Type*		M	D	Y	Amount	
Address	Type		IVI			Amount	
City	State	Zip Code	Form(C	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC				
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Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Checl	k,etc)		
ull Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Checl	k,etc)		
ıll Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
Audico	2,700						
City	State	Zip Code	Form(C	ash,Chec	k,etc)		

Page Total \$ /,52400

^{*} 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, place the letters 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.