

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Paley for Judge					
Full Name Sheldon Paley			Registration Number, if PAC		
Address 668 Bellamy Place	Type* LN		M 1	D 0	Amount \$5,000.00
City Columbus	State OH	Zip Code 43213	Y 5		
			Form (Cash, Check, etc.) Check		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
			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.

5,000.00

Page Total \$