31 - A-2	
R.C. 3517.10(B)

Statement of Other Income

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Page	<u> </u>	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Friends of Mark McKenzie			
Full Name			Registration Number, if PAC
Mark McKenzie			
Address	Type*		M D Y Amount
1014 Lancaster Ave	LN	·	0 6 3 0 1 5 \$400.00
City	State	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	check
Full Name			Registration Number, if PAC
			N 1 36 1 A
Address	Type*		M D Y Amount
	RE _	12: 0	For (Co.) Chalter
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Registration Number, if PAC
Full Name			regarded (Venter, 1777)
Address	Type*		M D Y Amount
Audics	RÊ		
City	State	Zip Code	Form (Cash, Check, etc.)
Chy	ОН		
Full Name		<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
,	ОН		
Full Name			Registration Number, if PAC
Address	Type*	The second secon	M D Y Amount
	RE _	te de la companya de	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		da 1000
Full Name			Registration Number, if PAC
	7 7.4	15	M D Yi Amount
Address	Type*	1	
	RE State	Zin Code	Form (Cash, Check, etc.)
City	OH Száre	Zip Code	
	Un	<u></u>	Registration Number, if PAC
Full Name			
A3E	Type*	A Francisco Company	M D Y Amount
Address	RE		
Cin	State	Zip Code	Form (Cash, Check, etc.)
Ciry	OH	İ	
Full Name	OII		Registration Number, if PAC
Address	Type*	671	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

400.00 Page Total \$

^{*} 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.