

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Jenifer French				
Full Name Jenifer A. French			Registration Number, if PAC	
Address 961 Woodsedge Lane	Type* LN		M D Y	Amount 200.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	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.