

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens to Elect Nancy McGregor				
Full Name Nancy R. McGregor			Registration Number, if PAC	
Address 180 Academy Court	Type* RE		M D Y 1 0 2 0 1 5	Amount \$350.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name				
Address			Registration Number, if PAC	
Type* RE			M D Y	
State OH			Amount	
City			Form (Cash, Check, etc.)	
Full Name				
Address			Registration Number, if PAC	
Type* RE			M D Y	
State OH			Amount	
City			Form (Cash, Check, etc.)	
Full Name				
Address			Registration Number, if PAC	
Type* RE			M D Y	
State OH			Amount	
City			Form (Cash, Check, etc.)	
Full Name				
Address			Registration Number, if PAC	
Type* RE			M D Y	
State OH			Amount	
City			Form (Cash, Check, etc.)	
Full Name				
Address			Registration Number, if PAC	
Type* RE			M D Y	
State OH			Amount	
City			Form (Cash, Check, etc.)	
Full Name				
Address			Registration Number, if PAC	
Type* RE			M D Y	
State OH			Amount	
City			Form (Cash, Check, etc.)	
Full Name				
Address			Registration Number, if PAC	
Type* RE			M D Y	
State OH			Amount	
City			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.

350.00
Page Total \$