Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens to Elect Nancy McGregor			
Full Name		·	Registration Number, if PAC
Nancy R. McGregor			
Address	Type*		M D Y Amount
180 Academy Court	RE _		102015 \$350.00
City	State	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	check
Full Name			Registration Number, if PAC
Address	mi		M D Y Amount
Address	Type*	©	S II Minount
City	RE State	Zip Code	Form (Cash, Check, etc.)
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Full Name		<u> </u>	Registration Number, if PAC
Address	Type*	*	M D Y Amount
	RE	¢.	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	7. 6	From (G-1) Classic
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Registration Number, if PAC
Full Name			regionation remote, a rac
Address	Type*		M D Y Amount
• 200-000	RE RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*	4	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Device S. North S. S. C.
Full Name			Registration Number, if PAC
Address			M D Y Amount
Address	Type*		
City	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH		
Full Name			Registration Number, if PAC
· ··· ·			
Address	Туре*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

350.00

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.