31-	A-	-2	
R.C.	351	7.10(B	

Statement of Other Income

Page	<u> </u>

Prescribed by Secretary of State 2/01

N. C. C. C. C. C. F. K.		
Name of Committee in Full Davidson For Kids		
Full Name		In the second second
Nancy Nestor Baker		Registration Number, if PAC
Address	Type*	M D Y Amount
25 Vine Street	RE	1 1 2 0 1 3 \$500.00
City	State Zip Code	Form (Cash, Check, etc.)
Westerville	OH 43081	Cashiers Check
Full Name		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	
City	State Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name		Registration Number, if PAC
Address	Tria-a	AR I DI VI I Same
Address	Type*	M D Y Amount
City	KE	Form (Cash, Check, etc.)
City	State Zip Code	rosin (Cash, Check, etc.)
Full Name] 011	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*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
	OH	Designation Name of DAG
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
•	ОН'	
Full Name	1 011	Registration Number, if PAC
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
	OH	

Page Total \$ 500,€

^{*} 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.