

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Davidson For Kids					
Full Name Nancy Nestor Baker				Registration Number, if PAC	
Address 25 Vine Street		Type* RE		M 1	D 1
City Westerville		State OH	Zip Code 43081	Y 3	Amount \$500.00
Form (Cash, Check, etc.) Cashiers Check					
Full Name					
Address				Registration Number, if PAC	
City		Type* RE		M	D
		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City		Type* RE		M	D
		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City		Type* RE		M	D
		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City		Type* RE		M	D
		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City		Type* RE		M	D
		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City		Type* RE		M	D
		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City		Type* RE		M	D
		State OH	Zip Code	Y	Amount
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.