## **Statement of Other Income**

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Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens To Retain Hood			
Full Name Transfer from Form 31-C			Registration Number, if PAC
Address	Type*	St. St. Fr.	M D Y Amount
	RE		\$10,000.00
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	and the state of t	M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
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Full Name	•		Registration Number, if PAC
Address	Type*	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	M D Y Amount
	RE		The state of the s
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	14.75 VF (7)	M D Y Amount
	RE		. 73
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	1		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1		Registration Number, if PAC
Address	Type*	Police and Art	M D Y Amount
C:	RE State	W. Cala	Form (Cash, Check, etc.)
City	OH	Zip Code	roim (Casa, Check, etc.)
Fuli Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	•	TOTAL STATES
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)

10,000.00
Page Total S \_\_\_\_\_

<sup>\*</sup> 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.