

**Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens To Retain Hood</b>					
Full Name <b>Transfer from Form 31-C</b>			Registration Number, if PAC		
Address	Type* <b>RE</b>		M	D	Y
	State <b>OH</b>	Zip Code	Amount <b>\$10,000.00</b>		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* <b>RE</b>		M	D	Y
	State <b>OH</b>	Zip Code	Amount		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* <b>RE</b>		M	D	Y
	State <b>OH</b>	Zip Code	Amount		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* <b>RE</b>		M	D	Y
	State <b>OH</b>	Zip Code	Amount		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* <b>RE</b>		M	D	Y
	State <b>OH</b>	Zip Code	Amount		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* <b>RE</b>		M	D	Y
	State <b>OH</b>	Zip Code	Amount		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* <b>RE</b>		M	D	Y
	State <b>OH</b>	Zip Code	Amount		
City			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* <b>RE</b>		M	D	Y
	State <b>OH</b>	Zip Code	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.

**10,000.00**

Page Total \$