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Page	_2

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Committee To Elect Judge Maynard Full Name			Registrat	tion Num	ber, if P	AC		
			- Cogisii a		, ** * *			
Bank One Address	Type*		M	D	Y	Amount		
	I N	T STATE OF THE STA					4.59	
City	State	Zip Code		ash,Check				
Columbus	O H		"`		-			
Full Name			Registrat	tion Num	ber, if P	AC		
			_					
Address	Type*		M	D	Y	Amount		
	1					<u></u>	0.00	
City	State	Zip Code	Form(Ca	ash,Check	c,etc)			
Full Name			Registrat	tion Num	ber, if Pa	AC		
Address	Type*		M	D	Y	Amount		
		C		ب	4	<u> </u>	0.00	
City	State	Zip Code	Form(Ca	ash,Check	k,etc)			
E USA				Ver **	h	VC.		
Full Name			Registra	tion Num	wer, if Pa	AC		
Addana	 		17	<u> </u>	T 7/	TAmount		
Address	Type*		M	D	Y	Amount	0.00	
City	Dt	Zip Code	E	ash,Check	r etc)		0.00	
City	State	Zip Code	Form(Ci	∞n,∪neci	a,cic)			
Full Name			Registros	tion Num	her if D	4C		
AVMAN			rogisus	47411	, H F.	- 		
Address	Type*		M	D	Y	Amount		
							0.00	
City	State	Zip Code	Form(Ca	ash,Check	c,etc)		0.00	
			``	_				
Full Name			Registrat	tion Num	ber, if P	AC		
Address	Type*		М	D	Y	Amount		
							0.00	
City	State	Zip Code	Form(Ca	ash,Check	k,etc)			
Full Name			Registra	Registration Number, if PAC				
					T ==			
Address	Type*		M	D	Y	Amount	0.00	
O'L-		Zim Co-J	7 /	I C'	I at: N		0.00	
City	State	Zip Code	Form(C	ash,Check	к,етс)			
Full Name			D	tion Num	her ich	AC.		
Full Name			Kegistra	vii ivum	, 11 P.			
Address	Type*		M	D	Y	Amount		
	1 ype.		171	1 1	1		0.00	
City	State	Zip Code	Form(Co	ash,Check	çetc)		0.00	
		1.	- Sm(C)	,	> = /			
* Diace the two letter code in the Type black (one letter per square) which	h indicates the net	um of the Other Income Pas-	aired: DE for a set	Sund come	and ale	agle on the		

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	4.59
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^{*} 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, place the letters IN for any investment or interest income earned by the committee,