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Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full Debbie Johnson for Upper Arlir	notan Cannsol									
Full Name				Registration Number, if PAC						
Address	Type*		M	D	Y	Amount				
City	State	Zip Code	Form(C	Form(Cash,Check,etc)						
Full Name				Registration Number, if PAC						
Mark A. Johnson										
Address	Type*		M	D	Y	Amount	E0 00			
1903 Brandywine Drive City	State	Zip Code	0 6 Form(C	2 5 ash,Check			50.00			
Columbus	lo I H	43220		CHECK						
Full Name		yphanis and a transmission of the commence of	Registra	Registration Number, if PAC						
Mark A. Johnson										
Address	Type*		M	D	Y	Amount	100.00			
1903 Brandywine Drive City	State	Zip Code	6 0 7 Form(C	2 ash,Checl	0 9		100.00			
Columbus	O H	43220		CHEC						
Full Name				Registration Number, if PAC						
Address	Type*		M	D	Y	Amount				
City	State	Zip Code	Form(C	ash,Checl	k,etc)					
Full Name			Registra	Registration Number, if PAC						
Address	Type*		M	D	Y	Amount				
City	State	Zip Code	Form(C	ash,Checl	k,etc)					
Full Name			Registra	Registration Number, if PAC						
Address	Type*		M	D	Y	Amount				
City	State	Zip Code	Form(C	ash,Checl	k,etc)					
Full Name					Registration Number, if PAC					
Address	Type*		M	D	Y	Amount				
City	State	Zip Code	Form(C	ash,Checl	k,etc)					
				Pagistration Number if DAC						
full Name			Kegistra	Registration Number, if PAC						
Address	Type*		M	D	Y	Amount				
City	State	Zip Code	Form(C	Form(Cash,Check,etc)						
					anasansiranana					

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

Page Total \$ _____150_00_

^{*} 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,