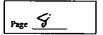
Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full	····		
Citizens for Boyd			
Full Name	•••	'	Registration Number, if PAC
Тепу Воуд			l l
Address	Type*		M D Y Amount
4083 Easton Way	LN		0 9 0 2 1 6 \$2,500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43219	Check
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
'	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
			1
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH_	ļ	Periotration Number of PAC
ron (vanc			Registration Number, if PAC
Address	Type*		M D Y Amount
•	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name	•	•	Registration Number, if PAC
Address	Type*		M D Y Amount
Cin.	RE	Zip Code	Form (Cash, Check, etc.)
City	OH	Zip Code	rorm (Casa, Checa, etc.)
Full Name	į OII		Registration Number, if PAC
·			
Address	Type*		M. D. Y. Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Aller	Time*		M D Y Amount
Address ,	Type*		
City	RE State	Zip Code	Form (Cash, Check, etc.)
] <i>*</i>	OH OH	'	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
!	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
i	OH		

2,500.00

Page Total \$

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.