

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Paini for Trustee								
Full Name Victor Paini				Registration Number, if PAC				
Address 7521 Burgstresser Ct		Type* I n			M 0	D 8	Y 2019	Amount 1,649.00
City Canal Winchester		State o h	Zip Code 43110		Form(Cash,Check,etc)			
Full Name Victor Paini				Registration Number, if PAC				
Address 7521 Burgstresser Ct		Type* I n			M 1	D 0	Y 2016	Amount 7,240.00
City Canal Winchester		State o h	Zip Code 43110		Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC				
Address		Type*			M	D	Y	Amount
City		State	Zip Code		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, place the letters 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.

Page Total \$ 8,889.00