

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for a Strong Gahanna							
Full Name Paypal				Registration Number, if PAC			
Address 2211 N 1st Street	Type* R E			M 0	D 8	Y 2	Amount 0.05
City San Jose	State C A	Zip Code 95131		Form(Cash,Check,etc) EFT			
Full Name Pavpal				Registration Number, if PAC			
Address 2211 N 1st Street	Type* R E			M 0	D 8	Y 2	Amount 0.17
City San Jose	State C A	Zip Code 95131		Form(Cash,Check,etc) EFT			
Full Name Gwennies Manufacturing				Registration Number, if PAC			
Address 162 Ideal Avenue	Type* R E			M 1	D 0	Y 0	Amount 1,539.00
City Mobile	State A L	Zip Code 36608		Form(Cash,Check,etc) Check			
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.