

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Full Name Buckeye Printing & Mailing					Registration Number, if PAC				
Address 271 S Grant Ave		Type* R E				M 1	D 1	Y 0	Amount 1,055.32
City Columbus		State O H		Zip Code 43206		Form(Cash,Check,etc) REFUND			
Full Name WHOK RADIO					Registration Number, if PAC				
Address HIGH STREET		Type* R E				M 1	D 1	Y 0	Amount 867.00
City Columbus		State O H		Zip Code 43215		Form(Cash,Check,etc) RETURN			
Full Name SUBURBAN NEWS					Registration Number, if PAC				
Address 5257 SINCLAIR RD		Type* R E				M 1	D 1	Y 0	Amount 530.36
City Columbus		State O H		Zip Code 43229		Form(Cash,Check,etc) RETURN			
Full Name SUBURBAN NEWS					Registration Number, if PAC				
Address 5257 SINCLAIR RD		Type* R E				M 1	D 1	Y 2	Amount 530.36
City Columbus		State O H		Zip Code 43229		Form(Cash,Check,etc) RETURN			
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.