

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF JOHN O'GRADY							
Full Name HUNTINGTON PARK				Registration Number, if PAC			
Address 330 HUNTINGTON PARK LANE		Type* R E		M 0	D 6	Y 2	Amount 525.15
City COLUMBUS		State O H		Zip Code 43215		Form(Cash,Check,etc) DEBIT	
Full Name TREASURER OF THE STATE OF OH-DEPT JOB/FAMILY SERV				Registration Number, if PAC			
Address		Type* R E		M 0	D 3	Y 1	Amount 40.50
City COLUMBUS		State O H		Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name CHECK #2478 VOIDED				Registration Number, if PAC			
Address		Type* R E		M	D	Y	Amount 104.10
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.