

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CITIZENS for Marshall Spalding</b>					
Full Name <b>Marshall A. Spalding</b>			Registration Number, if PAC		
Address <b>1940 Glenford Court</b>		Type*	M <b>0</b>	D <b>8</b>	Y <b>0315</b>
City <b>Reynoldsburg</b>		State <b>OHIO</b>	Zip Code <b>43068</b>		Amount <b>2,500</b>
Form (Cash, Check, etc.) <b>CASH</b>					
Full Name					
Address			Type*	M	D
City		State	Zip Code		Y
Form (Cash, Check, etc.)			Amount		
Full Name					
Address			Type*	M	D
City		State	Zip Code		Y
Form (Cash, Check, etc.)			Amount		
Full Name					
Address			Type*	M	D
City		State	Zip Code		Y
Form (Cash, Check, etc.)			Amount		
Full Name					
Address			Type*	M	D
City		State	Zip Code		Y
Form (Cash, Check, etc.)			Amount		
Full Name					
Address			Type*	M	D
City		State	Zip Code		Y
Form (Cash, Check, etc.)			Amount		
Full Name					
Address			Type*	M	D
City		State	Zip Code		Y
Form (Cash, Check, etc.)			Amount		
Full Name					
Address			Type*	M	D
City		State	Zip Code		Y
Form (Cash, Check, etc.)			Amount		

\* 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.