

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Anne Gonzales							
Full Name E. Alan Knepper				Registration Number, if PAC			
Address 295 E. Walnut Street		Type* RE		M 1	D 0	Y 0	Amount 10.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) check			
Full Name Robber K. Slusher				Registration Number, if PAC			
Address 941 Egret Court		Type* RE		M 1	D 0	Y 1	Amount 20.00
City Westerville,		State OH	Zip Code 43082	Form (Cash, Check, etc.) check			
Full Name Chris Maurer				Registration Number, if PAC			
Address 1709 Durbridge Road		Type* RE		M 0	D 9	Y 3	Amount 25.00
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) check			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	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, 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.