Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full M JACTOSH FOR JUL FULL TOPE	6£		
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City	Staje OH	Zip Code	Form (Cash, Check, etc.)
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Addi ss	Type* RE	THE STATE OF	M D Y Amount
City	Staţe 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, uncoded 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.

0.00

Page Total \$