

# Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full <i>Citizens for Jason Phillips</i>					
Full Name <i>Citizens for Jolley</i>			Registration Number, if PAC		
Address <i>187 Regents Road</i>	Type* <i>LN</i>		M <i>08</i>	D <i>11</i>	Y <i>13</i>
City <i>Cahanna</i>	State <i>Ohio</i>	Zip Code <i>43230</i>	Amount <i>500.00</i>		
Form (Cash, Check, etc.) <i>check</i>					
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address			Type*		
City			State		
Zip Code			Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address			Type*		
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, 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.

Page Total \$ 500.00