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## **Statement of Other Income**

Prescribed by Secretary of State 8/95

Name of Committee in Full Course it Her Le De Elect Anne	Halma	n Peter te B	exter City Councel
Full Name	V	300000000000000000000000000000000000000	Registration number, 19 PAC
Huntington Motheral 130	Type*	11.0	M D Y Amount
5003 E. Main 87.	TH	Gr. O. t.	Form (Cash Check, etc.)
Committee in Full Committee to Delect Amne Full Name Hontington Notional Bar Address 5003 E. Main 81.  City Columbus Entl Name	State H	43209	casn
Full Name			Registration number, if PAC
	Type*		M D Y Amount
Address	1,1,1		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration number, if PAC
	Truck		M D Y Amount
Address	Type*		
City	State	Zip Code	Form (Cash, Check, etc.)
			Registration number, if PAC
Full Name			M D Y Amount
Address	Type*		
City	State	Zip Code	Form (Cash, Check, etc.)
			Registration number, if PAC
Full Name			The American
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
			Registration number, if PAC
Full Name			
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
city			Registration number, if PAC
Full Name			
Address	Type*		M D Y Amount
	State	Zip Code	Form (Cash, Check, etc.)
City			

\* 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.

Page Total \$ .44



