

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				
McINTOSH for Judge				
Full Name		Registration Number, if PAC		
Address	Type*		M	D
	RE			Y
City	State	Zip Code	Amount	
	OH		Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC		
Address	Type*		M	D
	RE			Y
City	State	Zip Code	Amount	
	OH		Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC		
Address	Type*		M	D
	RE			Y
City	State	Zip Code	Amount	
	OH		Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC		
Address	Type*		M	D
	RE			Y
City	State	Zip Code	Amount	
	OH		Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC		
Address	Type*		M	D
	RE			Y
City	State	Zip Code	Amount	
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Full Name		Registration Number, if PAC		
Address	Type*		M	D
	RE			Y
City	State	Zip Code	Amount	
	OH		Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC		
Address	Type*		M	D
	RE			Y
City	State	Zip Code	Amount	
	OH		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.