Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full	·	····				
McTutost for Justs						
Full Name			Registration Number, if PAC			
Address	Type*		М	D	Y	Amount
City	RE State	Zip Code	Form (C	ash, Che	eck, etc.)	
Full Name	OH		Registration Number, if PAC			
Address	Type*		M.	T N	TV	Amount
	RE					Į.
City	State OH	Zip Code	Form (C	Cash, Che	ck, etc.)	s
Full Name	<u> </u>		Registration Number, if PAC			
Address	Type*		М	Đ	Y	Amount
City	State	Zip Code	Form (C	ash, Che	ck, etc.)	
Full Name	UII		Registration Number, if PAC			
Address	Type*		M	D	l vi	Amount
EV.	RE					
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registra	ation Nur	nber, if P	AC
Address	Type•		€ M	D	Y	Amount
City	State OH	Zip Code	Form (C	ash, Che	ck, etc.)	the same of
Full Name	<u> On</u>		Registration Number, if PAC			
Address	Type*		M M	a	. Vi	Amount
Cir.	RE					Zustum
City	Stare OH	Zip Code	Form (C	ash, Che	ck, etc.)	
Full Name	.		Registra	Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
Сіту	RE	Zip Code)	Form (C	Cash, Che	ck, etc.)	
Full Name	<u> </u>		Registration Number, if PAC			
Address	Type*	The second second second	* M	D	Υ ₁	Amount
City	RE	Zin Code	2,747			
	State OH	Zip Code [†]	Form (C	ash, Che	ck, etc.)	

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^{*} 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.