

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Judge Anne Taylor Committee									
Full Name Anne Taylor					Registration Number, if PAC				
Address 1375 Camelot Drive			Type* 			M 0	D 2	Y 1	Amount 2,500.00
City Columbus			State OH	Zip Code 43220		Form(Cash,Check,etc) check			
Full Name					Registration Number, if PAC				
Address			Type*			M	D	Y	Amount
City			State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address			Type*			M	D	Y	Amount
City			State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address			Type*			M	D	Y	Amount
City			State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address			Type*			M	D	Y	Amount
City			State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address			Type*			M	D	Y	Amount
City			State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address			Type*			M	D	Y	Amount
City			State	Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address			Type*			M	D	Y	Amount
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, place the letters 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 \$ 2,500.00