

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens To Retain Hood							
Full Name Rene Rimelspach				Registration Number, if PAC			
Address 4959 Berry Leaf Place		Type*		M	D	Y	Amount 100.00
City Hilliard	State O H	Zip Code 43026		Form(Cash,Check,etc) check			
Full Name Joseph Durham				Registration Number, if PAC			
Address 612 East Dominion Blvd.		Type*		M	D	Y	Amount 300.00
City Columbus	State O H	Zip Code 43214		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)			

* 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.