

Statement of Other Income

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full					
CITIZENS FOR CLEMENS					
Full Name			Registration Number, if PAC		
MEL CLEMENS					
Address	Type*		M	D	Y
6594 FURTH DR	LN		0	3	2
City	State	Zip Code	Amount		
REYNOLDSBURG	OH	43068	\$1,000.00		
Form (Cash, Check, etc.)					
CHECK					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
	RE				
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.

1,000.00

Page Total \$ _____