3	1-	A	-2	
R	.C.	35	17.1	0(B)

Statement of Other Income

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
CITIZENS FOR CLEMENS			
Full Name	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
MEL CLEMENS Address			
6594 FURTH DR	Type*		M D Y Amount
City	LN State	Zip Code	0 3 2 4 1 5 \$1,000.00 Form (Cash, Check, etc.)
REYNOLDSBURG	(OH	43068	CHECK
Full Name			Registration Number, if PAC
Address			
· Nutricis	1⅓pe* RE		M D Y Amount
City	State	Zip Code	Form (Cash. Check, etc.)
	OH,	'	(cash chost day)
Full Name			Registration Number, if PAC
Address	T	in the fact of the state of the	
	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*	Trisamanan wa	M D Y Amount
	RE RE		Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
i dii Name			Registration Number, if PAC
Address	Type*		M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
			Registration Number, 11 PAC
Address	Type*	经过海损的 体系	M D Y Amount
C.	RE	1.2.2.3	
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
Address	Туре*	44.5574.746	M D Y Amount
City			
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name		<u></u>	Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
•	OH		Form (Cash, Check, etc.)

1,000.00

Page Total \$

^{*} 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.