

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Franklin County Adelaute Democrats</i>													
Full Name <i>513 Bank</i>					Registration Number, if PAC								
Address <i>PO Box 630900</i>			Type* <i>RE</i>		M <i>04</i>			D <i>12</i>		Y <i>16</i>		Amount <i>11.00</i>	
City <i>Cincinnati</i>			State <i>OH</i>		Zip Code <i>45263-0900</i>			Form (Cash, Check, etc.) <i>Reimbursement</i>					
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.)					
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, 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.