## **Statement of Other Income**



Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Spalding			
Full Name Sloan T. Spalding			Registration Number, if PAC
Address 7567 King George Drive	Type* RE		M D Y Amount 1 0 1 6 0 9 \$2,450.00
City New Albany	State —	Zip Code 43054	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
O.	RE _		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash Charles at a )
~,	OH	Δip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	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	OH _		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
		L	

2,450.00

Page Total \$

<sup>\*</sup> 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.