Statement of Other Income



Prescribed by Secretary of State 2/01

N			
Name of Committee in Full Vote Hahn Committee			
Full Name	-		Registration Number, if PAC
Total of Loans Recieved from Form 31-C			
Address	Type*		M D Y Amount \$2,469.00
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• RE		M D Y Amount
City	Stațe OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	Stațe OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*RE		M D Y Amount
City	Stafe OH	Zip 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 OH	Zip Code	Form (Cash, Check, etc.)

2,469.00 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.