

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Lynch for Judge					Registration Number, if PAC				
Full Name Julie Lynch					Registration Number, if PAC				
Address 1206 Sanctuary Pl.		Type* LN			M	D	Y	Amount \$13,000.00	
City Gahanna		State OH	Zip Code 43230		Form (Cash, Check, etc.) Check				
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* RE			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		State 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* RE			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		State 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* RE			M	D	Y	Amount	
City		State OH	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.

13,000.00
Page Total \$ _____