

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Jones for Bexley					
Full Name Carol J. Lannan				Registration Number, if PAC	
Address 832 Vernon Rd	Type* L N		M 1	D 0	Y 1
					Amount 100.00
City Bexley	State O H	Zip Code 43209	Form(Cash,Check,etc) Check		
Full Name Robyn R. Jones				Registration Number, if PAC	
Address 825 Vernon Rd	Type* L N		M 1	D 0	Y 2
					Amount 444.85
City Bexley	State O H	Zip Code 43209	Form(Cash,Check,etc) Cash		
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, place the letters 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.

Page Total \$ 544.85