

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Gerber for Council						Registration Number, if PAC	
Full Name Richard S. Gerber						Registration Number, if PAC	
Address 6125 Karrer Place		Type* LN			M 0	D 8	Y 2111
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		Amount \$900.00	
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount	
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount	
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount	
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount	
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount	
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount	
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount	

* 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.

900.00
Page Total \$