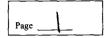
## **Statement of Other Income**



Prescribed by Secretary of State 2/0

Line	Name of Committee in Full			
Registration Number, if PAC   Name   Registration Number, if PAC   Name   Nam				
Melisa K. Bowers				Designation Number (CDAC)
Address				Registration Number, it FAC
Sale		7.1.1		M N V Amount
State   Zip Code   Form (Code, Chock, etc.)		·		
Cahanna			(7)- C-1-	
Full Name  Address  Type*  LN		•		
Type		OII	40200	
City	Full Name			Registration Number, it FAC
City	Address	Tima*		M D V Amount
State	Address			Amount
OH  advance to 3rdP  Regestration Number, if PAC  Address  LN Solate OH  Full Name  Address  Type*  State OH  Registration Number, if PAC  Address  Type*  M D Y Amount  Registration Number, if PAC  State OH  Registration Number, if PAC  Address  Type*  RE  City State OH  Registration Number, if PAC  State OH  Registration Number, if PAC  Address  Type*  M D Y Amount  Registration Number, if PAC  City State OH  Registration Number, if PAC  Address  Type*  M D Y Amount  Registration Number, if PAC  Address  Type*  M D Y Amount  Registration Number, if PAC  Address  Type*  M D Y Amount  Registration Number, if PAC  Address  Type*  M D Y Amount  Registration Number, if PAC  Address  Type*  M D Y Amount  Registration Number, if PAC  Address  Type*  M D Y Amount  Registration Number, if PAC  Address  Type*  M D Y Amount  Registration Number, if PAC  Address  Type*  M D Y Amount  Registration Number, if PAC  Address  Type*  Registration Number, if PAC  Address  Type*  M D Y Amount  Registration Number, if PAC	Ch.		Zin Codo	Form (Cook Chook ato)
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City	rui Name			Registration Number, it PAC
City	Address	Tima*		M D V Amount
State OH	Address	· —		M. D. I Amount
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Address  Type* RE City State OH  Registration Number, if PAC  Address  Type* RE City  State Zip Code OH  Registration Number, if PAC  Address  Type* RE City State Zip Code Form (Cash, Check, etc.)	Full Name	<u> </u>		Registration Number, if PAC
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RE State Zip Code Form (Cash, Check, etc.)  OH  Full Name  Registration Number, if PAC  Address  Type* RE City State Zip Code Form (Cash, Check, etc.)	Address	Type*		M D Y Amount
City  State				
Address Type* Registration Number, if PAC  Type* RE  City State Zip Code Form (Cash, Check, etc.)	City		Zip Code	Form (Cash, Check, etc.)
Address Type*  Registration Number, if PAC  Type*  RE  City State Zip Code Form (Cash, Check, etc.)	·	1	-	
Address Type* M D Y Amount  RE City State Zip Code Form (Cash, Check, etc.)	Full Name		<del></del>	Registration Number, if PAC
City State Zip Code Form (Cash, Check, etc.)				
City State Zip Code Form (Cash, Check, etc.)	Address	Type*		M D Y Amount
City State Zip Code Form (Cash, Check, etc.)				
	City		Zip Code	Form (Cash, Check, etc.)

105.00

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.