

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Upchurch, Harkins, and Vaile for Change								
Full Name Merisa K. Bowers				Registration Number, if PAC				
Address 363 Higley Court		Type* LN <input checked="" type="checkbox"/>			M 0	D 2	Y 0	Amount \$105.00
City Gahanna		State OH	Zip Code 43230		Form (Cash, Check, etc.) cash			
Full Name				Registration Number, if PAC				
Address		Type* LN <input checked="" type="checkbox"/>			M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.) advance to 3rdP			
Full Name				Registration Number, if PAC				
Address		Type* LN <input checked="" type="checkbox"/>			M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC				
Address		Type* LN <input checked="" type="checkbox"/>			M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC				
Address		Type* RE <input checked="" type="checkbox"/>			M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC				
Address		Type* RE <input checked="" type="checkbox"/>			M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC				
Address		Type* RE <input checked="" type="checkbox"/>			M	D	Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC				
Address		Type* RE <input checked="" type="checkbox"/>			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.

105.00

Page Total \$