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Statement of Other Income

Prescribed by Secretary of State 2/01

				_			
Name of Committee in Full							
Citizens for Jolley		<u> </u>	- I= -				
full Name			Registra	tion Numb	per, if PA	L	
Citizens for Jason Phillips							
Address	Type*		M	D	Y	Amount	=00.00
1153 Riva Ridge Blvd	L N		012				500.00
City	State	Zip Code		sh,Check			
Gahanna	OIH	43230	Check				
Full Name	Il Name			tion Numb	ber, if PA	с	
Loan From Form 31-C							
Address	Type*		М	D	Y	Amount	
	L I N_			1 6			500.00
City	State	Zip Code	Form(Ca	ash,Check	,etc)		
		<u></u>					
Full Name			Registra	tion Numb	ber, if PA	С	
Address	Type*		М	D	Y	Атюші	
City	State	Zip Code	Form(Ca	ash Check	etc)		
		<u> </u>					
Full Name			Registra	tion Numb	ber, if PA	С	
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(Ca	ash, Check	(etc)		
	 						
Full Name		Registra	tion Num	ber, if PA	С		
				_	_		
Address	Type*		М	D	Y	Amount	
						<u>L</u>	
City	State	Zip Code	Form(Ca	ash Check	etc)		
-	1 1						
Full Name			Registration Number, if PAC				
Address	Type*		М	D	Y	Amount	
	"					1	
City	State	Zip Code	Form(C	ash,Check	(,etc)		
•					_		
Tull Name		Registration Number, if PAC					
Address	Type*		М	D	Y	Amount	
	"				1		
City	State	Zip Code	Form(C	ash,Check	.,etc)		
Full Name		Registra	ation Num	ber, if PA	ı.C		
Address	Type*		М	D	Y	Amount	
	"î						
City	State	Zip Code	Form(C	ash Checl	c,etc)		
	[]	1	`				

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1.000.00

^{*} 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,