

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Pfeiffer for Judge						Registration Number, if PAC	
Full Name Barbara Pfeiffer						Registration Number, if PAC	
Address 493 Richards Road		Type* LN			M 0	D 9	Y 2
		State OH	Zip Code 43215		Y 5	Y 1	Y 1
City Columbus				Form (Cash, Check, etc.)		Amount \$431.60	
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
		RE					
City		State	Zip Code		Form (Cash, Check, etc.)		Amount
		OH					
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
		RE					
City		State	Zip Code		Form (Cash, Check, etc.)		Amount
		OH					
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
		RE					
City		State	Zip Code		Form (Cash, Check, etc.)		Amount
		OH					
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
		RE					
City		State	Zip Code		Form (Cash, Check, etc.)		Amount
		OH					
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
		RE					
City		State	Zip Code		Form (Cash, Check, etc.)		Amount
		OH					
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
		RE					
City		State	Zip Code		Form (Cash, Check, etc.)		Amount
		OH					
Full Name						Registration Number, if PAC	
Address		Type*			M	D	Y
		RE					
City		State	Zip Code		Form (Cash, Check, etc.)		Amount
		OH					

* 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.

431.60

Page Total \$