

## Statement of Other Income

Prescribed by Secretary of State 2/01

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13 JAN 28 AM 10:47

Name of Committee in Full FRIENDS OF REYNOLDSBURG SCHOOLS				Registration Number, if PAC	
Full Name FIFTH THIRD BANK				Amount \$125.43	
Address P O BOX 630900		Type* IN	Zip Code 45263	Form (Cash, Check, etc.) BANK MEMO	
City CINCINNATI		State OH			
Full Name				Registration Number, if PAC	
Address		Type* RE	Zip Code	Amount	
City		State OH	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address		Type* RE	Zip Code	Amount	
City		State OH	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address		Type* RE	Zip Code	Amount	
City		State OH	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address		Type* RE	Zip Code	Amount	
City		State OH	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address		Type* RE	Zip Code	Amount	
City		State OH	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address		Type* RE	Zip Code	Amount	
City		State OH	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.

Page Total \$ 125.43