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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Hyre for Board				
Full Name	a	···	Registration Number, if PAC	
Loan from John M. Hyre III				
Address	Type*	A State of the state of the state of	M D Y Amount	
1025 Blind Brook Drive	<u> </u>	1	* 0 9 0 6 1 1 1 10,000.00	
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH	43235	Cash	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name	<u> </u>		Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name	<u> </u>		Registration Number, if PAC	
Address	Type*	100 mg 1 m	M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC	
Address	Type*	9, 14	M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name		Registration Number, if PAC		
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name	···	'	Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name	!	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	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, place the letters IN for any investment or interest income earned by the committee,