

# FOR PAPER FILING ONLY

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Stonewall Democrats of Central Ohio PAC</b>					
Full Name <b>Media Mazcla</b>			Registration Number, if PAC		
Address <b>PO Box 20577</b>		Type* <b>RE</b> <input checked="" type="checkbox"/>	M	D	Y
City <b>New York</b>		State <b>NY</b> <input checked="" type="checkbox"/>	<b>0</b>	<b>5</b>	<b>1</b>
Zip Code <b>10009</b>		Form (Cash, Check, etc.) <b>Electronic</b>	<b>3</b>	<b>1</b>	<b>1</b>
Amount <b>\$360.00</b>					
Full Name					
Registration Number, if PAC					
Address					
City		Type* <b>RE</b> <input checked="" type="checkbox"/>	M	D	Y
State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code			
Form (Cash, Check, etc.)			Amount		
Full Name					
Registration Number, if PAC					
Address					
City		Type* <b>RE</b> <input checked="" type="checkbox"/>	M	D	Y
State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code			
Form (Cash, Check, etc.)			Amount		
Full Name					
Registration Number, if PAC					
Address					
City		Type* <b>RE</b> <input checked="" type="checkbox"/>	M	D	Y
State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code			
Form (Cash, Check, etc.)			Amount		
Full Name					
Registration Number, if PAC					
Address					
City		Type* <b>RE</b> <input checked="" type="checkbox"/>	M	D	Y
State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code			
Form (Cash, Check, etc.)			Amount		
Full Name					
Registration Number, if PAC					
Address					
City		Type* <b>RE</b> <input checked="" type="checkbox"/>	M	D	Y
State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code			
Form (Cash, Check, etc.)			Amount		
Full Name					
Registration Number, if PAC					
Address					
City		Type* <b>RE</b> <input checked="" type="checkbox"/>	M	D	Y
State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code			
Form (Cash, Check, etc.)			Amount		
Full Name					
Registration Number, if PAC					
Address					
City		Type* <b>RE</b> <input checked="" type="checkbox"/>	M	D	Y
State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code			
Form (Cash, Check, etc.)			Amount		
Full Name					
Registration Number, if PAC					
Address					
City		Type* <b>RE</b> <input checked="" type="checkbox"/>	M	D	Y
State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code			
Form (Cash, Check, etc.)			Amount		

\* 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.