

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Katz							
Full Name Brian L Katz				Registration Number, if PAC			
Address 3288 Scioto Bend Dr		Type* LN		M 0	D 1	Y 2	Amount \$1,000.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name							
Address				Type* RE		M	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name							
Address				Type* RE		M	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name							
Address				Type* RE		M	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name							
Address				Type* RE		M	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name							
Address				Type* RE		M	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name							
Address				Type* RE		M	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name							
Address				Type* RE		M	Amount
City		State OH	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, 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.