

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Rutheford for Ward 3 Council						Registration Number, if PAC					
Full Name Party City - Return of Deposit						M D Y Amount					
Address 5364 Westpointe Plaza Dr.		Type* R E			0	9	2	1	0	9	150.00
City Hilliard		State O H	Zip Code 43123		Form(Cash,Check,etc) electronic						
Full Name						Registration Number, if PAC					
Address						M D Y Amount					
City		State	Zip Code		Form(Cash,Check,etc)						
Full Name						Registration Number, if PAC					
Address						M D Y Amount					
City		State	Zip Code		Form(Cash,Check,etc)						
Full Name						Registration Number, if PAC					
Address						M D Y Amount					
City		State	Zip Code		Form(Cash,Check,etc)						
Full Name						Registration Number, if PAC					
Address						M D Y Amount					
City		State	Zip Code		Form(Cash,Check,etc)						
Full Name						Registration Number, if PAC					
Address						M D Y Amount					
City		State	Zip Code		Form(Cash,Check,etc)						
Full Name						Registration Number, if PAC					
Address						M D Y Amount					
City		State	Zip Code		Form(Cash,Check,etc)						
Full Name						Registration Number, if PAC					
Address						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, SA for the sale of committee assets, or LN for payments received on a loan made.