## Statement of Other Income Prescribed by Secretary of State 2/01

| Name of Committee in Full  Suy Perez f  Full Name  FORM 31-C | (a)         | udge Commu | ttee                        |
|--|-------------|------------|-----------------------------|
| Full Name FOYM 31-C  |             | Ö          | Registration Number, if PAC |
| Address  | LType*      |            | M D Y Amount 2545, W        |
| City   | State -     | Zip Code   | Form (Cash, Check, etc.)    |
| Full Name  | -l          | <u> </u>   | Registration Number, if PAC |
| Address  | Type*       |            | M D Y Amount                |
| City   | State<br>OH | Zip Code   | Form (Cash, Check, etc.)    |
| Full Name  | <u> </u>    |            | Registration Number, if PAC |
| Address  | Type* RE    |            | M D Y Amount                |
| City   | State<br>OH | Zip Code   | Form (Cash, Check, etc.)    |
| Full Name  | <u></u>     |            | Registration Number, if PAC |
| Address  | Type* RE    |            | M D Y Amount                |
| City   | Stațe OH    | Zip Code   | Form (Cash, Check, etc.)    |
| Full Name  | 1           |            | Registration Number, if PAC |
| Address  | Type*<br>RE |            | M D Y Amount                |
| City   | State<br>OH | Zip Code   | Form (Cash, Check, etc.)    |
| Full Name  | <u> </u>    |            | Registration Number, if PAC |
| Address  | Type*<br>RE |            | M D Y Amount                |
| City   | State<br>OH | Zip Code   | Form (Cash, Check, etc.)    |
| Full Name  |             |            | Registration Number, if PAC |
| Address  | Type*<br>RE |            | M D Y Amount                |
| City   | State<br>OH | Zip Code   | Form (Cash, Check, etc.)    |
| Full Name  |             |            | Registration Number, if PAC |
| Address  | Type* RE    |            | M D Y Amount                |
| City   | State<br>OH | Zip Code   | Form (Cash, Check, etc.)    |

<sup>\*</sup> 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.