Statement of Other Income

Prescribed by Secretary of State 2/01

ST CO ST IN I								
Name of Committee in Full	M.Cr.							
Citizens for a Better Reynoldsburg			Registration Number, if PAC					
Total loans from Form 31-C			regista	aaon Null	ioci, ii i' <i>i</i>	ic .		
Address	Type*	and the state of	М	D	Y	Amount		
	L N	The state of the s	<i>:</i>			500.00		
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				
Full Name		•			Registration Number, if PAC			
Address	Type*		A M	D	Y	Amount		
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				
Full Name		Registra	Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC				
Address	Type*		. М 	D	Y	Amount		
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				
Full Name	ne			Registration Number, if PAC				
Address	Type*		М	D	Y	Апюші		
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC				
Address	Type*		, М , Н	Đ	Y	Amount		
City	State	Zip Code		Form(Cash,Check,etc)				
Full Name		Registra	Registration Number, if PAC					
Address	Type*		M	D	Y [Amount		
City	State	Zip Code		Form(Cash,Cheek,etc)				
Full Name					Registration Number, if PAC			
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ ____500.00

^{*} 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,