

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full MAGGIED FOR SCHOOL BOARD									
Full Name Mark Douglas Maggied					Registration Number, if PAC				
Address 8982 Roberts Rd.			Type* L N		M	D	Y	Amount \$331.29	
City Galloway			State O H	Zip Code 43119	Form (Cash, Check, etc.) Check				
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
City			State	Zip Code	Form (Cash, Check, etc.)				
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
City			State	Zip Code	Form (Cash, Check, etc.)				
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
City			State	Zip Code	Form (Cash, Check, etc.)				
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
City			State	Zip Code	Form (Cash, Check, etc.)				
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
City			State	Zip Code	Form (Cash, Check, etc.)				
Full Name					Registration Number, if PAC				
Address			Type*		M	D	Y	Amount	
City			State	Zip Code	Form (Cash, Check, etc.)				
Full Name					Registration Number, if PAC				
Address			Type*		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, 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.