

FOR PAPER FILING ONLY

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Franklin County Green Party</i>						Registration Number, if PAC		
Full Name <i>Interest</i>				Type* RE		M D Y <i>07 31 15</i>		Amount <i>\$.02</i>
Address		State OH		Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC		
Address				Type* RE		M D Y		Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC		
Address				Type* RE		M D Y		Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC		
Address				Type* RE		M D Y		Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC		
Address				Type* RE		M D Y		Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC		
Address				Type* RE		M D Y		Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC		
Address				Type* RE		M D Y		Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC		
Address				Type* RE		M D Y		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.