

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Democratic Party					
Full Name Patrick J's Grille				Registration Number, if PAC	
Address 2011 N. High St		Type* RE 		M D Y 0 5 0 3 1 4	Amount 220.00
City Columbus,		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name Golfsmith Intl				Registration Number, if PAC	
Address 3695 Easton Market		Type* RE 		M D Y 0 6 2 3 1 4	Amount 58.89
City Columbus,		State O H	Zip Code 43219	Form(Cash,Check,etc) online	
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, 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.