Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full			
McIntosh For Judge Committee			
Full Name			Registration Number, if PAC
Stephen L. McIntosh			,
Address	Type*		M D Y Amount
799 Nob Hill Dr W	LN		0 9 1 2 0 6 \$2,000.00
City	State	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Check
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		±
Full Name			Registration Number, if PAC
AJJ			
Address	Type*		M D Y Amount
City	RE	7: 0 1	
ichy	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	ОП		
run wante			Registration Number, if PAC
Address	Type*		M I D V A
	RE RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Tom (casi, check, etc.)
Full Name	011		Registration Number, if PAC
			, , , , , , ,
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name		"	Registration Number, if PAC
		<u> </u>	
Address	Type*		M D Y Amount
O't.	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		· .
Tun Panic			Registration Number, if PAC
Address	The		
	Type*		M D Y Amount
City	RE State	Zip Code	
	OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
			rogistiation Number, II PAC
Address	Type*		M D Y Amount
	RE		Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

2,000.00
Page Total \$ _____

^{*} 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.