Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Change in Upper Arlington (CCUA	a)		
Full Name Vicki Kerman			Registration Number, if PAC
Address	Type*		M D Y Amount
2208 Fairfax Road	LN		0 4 0 6 0 9 Amount 300.40
City	State	Zip Code	Form (Cash, Check, etc.)
Upper Arlington	ОН	43221	check
Full Name			Registration Number, if PAC
Address			
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cook Chesterte)
•	OH	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>		Registration Number, if PAC
Address	Туре*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
rui Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
r un ivaine			Registration Number, if PAC
Address	Туре*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
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
Address	Туре*		M D Y Amount
	RE		Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

300.00
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.