

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full McIntosh For Judge Committee					
Full Name Buckeye Printing & Mailing				Registration Number, if PAC	
Address 217 N. Grant Ave	Type* RE		M 1	D 1	Y 0
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$176.99
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

* 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.