

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>THE PEOPLE FOR ZACK MILKOVICH</b>						Registration Number, if PAC	
Full Name of Candidate <b>ZACK MILKOVICH</b>							
Street Address <b>2055 CRAMER AVE</b>				Office Sought <b>CITY COUNCIL</b>		District <b>WARD 10</b>	
City <b>AKRON</b>				State <b>OH</b>		Zip Code <b>44312</b>	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		0 <sup>M</sup> 9	0 <sup>D</sup> 8 1 <sup>Y</sup> 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$2,129.08
2. Total monetary contributions (From Form No. 31-A)	\$	\$750.00
3. Total other income (From Form No. 31-A-2)	\$	\$6,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$8,879.08
5. Total monetary expenditures (From Form No. 31-B)	\$	\$8,105.34
6. Balance on hand (line 4 minus line 5)	\$	\$773.74
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	\$1,207.35
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$125,387.99
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	\$	

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BOARD OF ELECTIONS

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 10085 ACV  
 SUMMIT COUNTY  
 BOARD OF ELECTIONS  
 AKRON, OHIO

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

PAMELA ESTES, TREASURER

*Pamela Estes*

08/27/2015

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 2

Expenditure pages 5

Other pages 2

Total pages 9

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
THE PEOPLE FOR ZACK MILKOVICH													
To Whom Paid JLEC							M	D	Y	Amount			
							0	3	0	1	1	5	\$40.00
Address 50 W. BROAD ST, STE 1308				Purpose REQUIRED FORM FOR JLEC									
City COLUMBUS			State OH		Zip Code 43215		Check Number 1291						
COMMITTEE TO ELECT JOHN LYSENKO													
To Whom Paid COMMITTEE TO ELECT JOHN LYSENKO							M	D	Y	Amount			
							0	3	2	5	1	5	\$50.00
Address 339 E. TUSCARAWAS				Purpose CAMPAIGN CONTRIBUTION									
City BARBERTON			State OH		Zip Code 44203		Check Number 1292						
COMMITTEE TO ELECT FRANK COMUNALE													
To Whom Paid COMMITTEE TO ELECT FRANK COMUNALE							M	D	Y	Amount			
							0	5	1	2	1	5	\$200.00
Address 25 BERKSHIRE CT				Purpose CAMPAIGN CONTRIBUTION									
City AKRON			State OH		Zip Code 44313		Check Number 1293						
USPS													
To Whom Paid USPS							M	D	Y	Amount			
							0	5	1	8	1	5	\$49.00
Address 675 WOLF LEDGES PKWY				Purpose POSTAGE									
City AKRON			State OH		Zip Code 44309		Check Number 1294						
DANSIZEN PRINTING													
To Whom Paid DANSIZEN PRINTING							M	D	Y	Amount			
							0	5	1	8	1	5	\$417.48
Address 502 S. MAIN ST				Purpose PRINTING									
City NORTH CANTON			State OH		Zip Code 44720		Check Number 1295						
PAMELA ESTES													
To Whom Paid PAMELA ESTES							M	D	Y	Amount			
							0	5	2	2	1	5	\$50.00
Address 539 W. LAKE AVE				Purpose CAMPAIGN WORK									
City BARBERTON			State OH		Zip Code 44203		Check Number 1296						
USPS													
To Whom Paid USPS							M	D	Y	Amount			
							0	5	2	6	1	5	\$49.00
Address 675 WOLF LEDGES PKWY				Purpose POSTAGE									
City AKRON			State OH		Zip Code 44309		Check Number 1297						
PAMELA ESTES													
To Whom Paid PAMELA ESTES							M	D	Y	Amount			
							0	5	2	9	1	5	\$100.00
Address 539 W. LAKE AVE				Purpose CAMPAIGN WORK									
City BARBERTON			State OH		Zip Code 44203		Check Number 1298						

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
THE PEOPLE FOR ZACK MILKOVICH												
To Whom Paid						M	D	Y	Amount			
PAMELA ESTES						0	6	0	5	1	5	\$130.00
Address				Purpose								
539 W. LAKE AVE				CAMPAIGN WORK								
City			State	Zip Code		Check Number						
BARBERTON			OH	44203		1299						
To Whom Paid						M	D	Y	Amount			
DARNELL DAVIS						0	6	0	5	1	5	\$180.00
Address				Purpose								
190 WHEELER ST				CAMPAIGN WORK								
City			State	Zip Code		Check Number						
AKRON			OH	44304		1300						
To Whom Paid						M	D	Y	Amount			
USPS						0	6	0	8	1	5	\$49.00
Address				Purpose								
675 WOLF LEDGES PKWY				POSTAGE								
City			State	Zip Code		Check Number						
AKRON			OH	44309		1301						
To Whom Paid						M	D	Y	Amount			
COMMITTEE TO ELECT FRANK COMUNALE						0	6	0	8	1	5	\$200.00
Address				Purpose								
25 BERKSHIRE CT				CAMPAIGN CONTRIBUTION								
City			State	Zip Code		Check Number						
AKRON			OH	44313		1302						
To Whom Paid						M	D	Y	Amount			
PAMELA ESTES						0	6	1	2	1	5	\$120.00
Address				Purpose								
539 W. LAKE AVE				CAMPAIGN WORK								
City			State	Zip Code		Check Number						
BARBERTON			OH	44203		1304						
To Whom Paid						M	D	Y	Amount			
PAMELA ESTES						0	6	1	8	1	5	\$140.00
Address				Purpose								
539 W. LAKE AVE				CAMPAIGN WORK								
City			State	Zip Code		Check Number						
BARBERTON			OH	44203		1305						
To Whom Paid						M	D	Y	Amount			
HOTCARDS						0	6	2	1	1	5	\$124.00
Address				Purpose								
2086 ROMIG RD STE 2				PRINTING								
City			State	Zip Code		Check Number						
AKRON			OH	44308		1306						
To Whom Paid						M	D	Y	Amount			
DARNELL DAVIS						0	6	2	2	1	5	\$140.00
Address				Purpose								
190 WHEELER ST				CAMPAIGN WORK								
City			State	Zip Code		Check Number						
AKRON			OH	44304		1307						

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
THE PEOPLE FOR ZACK MILKOVICH							
To Whom Paid			M	D	Y	Amount	
USPS			0	6	2 5	1 5	\$49.00
Address		Purpose					
675 WOLF LEDGES PKWY		POSTAGE					
City		State	Zip Code		Check Number		
AKRON		OH	44309		1308		
To Whom Paid			M	D	Y	Amount	
PAMELA ESTES			0	6	2 6	1 5	\$215.00
Address		Purpose					
539 W. LAKE AVE		CAMPAIGN WORK					
City		State	Zip Code		Check Number		
BARBERTON		OH	44203		1309		
To Whom Paid			M	D	Y	Amount	
DARNELL DAVIS			0	6	2 5	1 5	\$130.00
Address		Purpose					
190 WHEELER ST.		CAMPAIGN WORK					
City		State	Zip Code		Check Number		
AKRON		OH	44304		1310		
To Whom Paid			M	D	Y	Amount	
USPS			0	7	0 1	1 5	\$14.00
Address		Purpose					
675 WOLF LEDGES PKWY		POSTAGE					
City		State	Zip Code		Check Number		
AKRON		OH	44309		1311		
To Whom Paid			M	D	Y	Amount	
COMMITTEE TO ELECT FRANK COMUNALE			0	7	0 2	1 5	\$100.00
Address		Purpose					
25 BERKSHIRE CT		CAMPAIGN CONTRIBUTION					
City		State	Zip Code		Check Number		
AKRON		OH	44313		1312		
To Whom Paid			M	D	Y	Amount	
DARNELL DAVIS			0	7	1 0	1 5	\$130.00
Address		Purpose					
190 WHEELER ST		CAMPAIGN WORK					
City		State	Zip Code		Check Number		
AKRON		OH	44304		1313		
To Whom Paid			M	D	Y	Amount	
PRECISON SIGNZ			0	7	1 6	1 5	\$2,715.00
Address		Purpose					
6125 VALLEY DR		SIGNS					
City		State	Zip Code		Check Number		
BETTENDORF		IA	52722		1314		
To Whom Paid			M	D	Y	Amount	
DARNELL DAVIS			0	7	1 7	1 5	\$100.00
Address		Purpose					
190 WHEELER ST		CAMPAIGN WORK					
City		State	Zip Code		Check Number		
AKRON		OH	44304		1315		

# Statement of Expenditures

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Name of Committee in Full													
THE PEOPLE FOR ZACK MILKOVICH													
To Whom Paid							M	D	Y	Amount			
BRUBAKER MARRON							0	7	2	3	1	5	\$200.00
Address				Purpose									
641 W. MARKET ST				GRAPHIC DESIGN									
City		State		Zip Code		Check Number							
AKRON		OH		44303		1316							
To Whom Paid							M	D	Y	Amount			
DARNELL DAVIS							0	7	2	5	1	5	\$110.00
Address				Purpose									
190 WHEELER ST				CAMPAIGN WORK									
City		State		Zip Code		Check Number							
AKRON		OH		44304		1317							
To Whom Paid							M	D	Y	Amount			
LIGHTYEAR PRINTING							0	7	2	8	1	5	\$752.59
Address				Purpose									
2086 ROMIG RD STE 2				LITERATURE									
City		State		Zip Code		Check Number							
AKRON		OH		44308		1319							
To Whom Paid							M	D	Y	Amount			
USPS							0	7	3	0	1	5	\$43.13
Address				Purpose									
675 WOLF LEDGES PKWY				POSTAGE									
City		State		Zip Code		Check Number							
AKRON		OH		44309		1320							
To Whom Paid							M	D	Y	Amount			
CORBETT & CO							0	8	0	4	1	5	\$150.00
Address				Purpose									
1081 BELLOWS ST				MAIL HOUSE									
City		State		Zip Code		Check Number							
AKRON		OH		44301		1321							
To Whom Paid							M	D	Y	Amount			
USPS							0	8	0	4	1	5	\$427.64
Address				Purpose									
675 WOLF LEDGES PKWY				POSTAGE									
City		State		Zip Code		Check Number							
AKRON		OH		44309		1322							
To Whom Paid							M	D	Y	Amount			
DARNELL DAVIS							0	8	0	6	1	5	\$200.00
Address				Purpose									
190 WHEELER ST				CAMPAIGN WORK									
City		State		Zip Code		Check Number							
AKRON		OH		44304		1323							
To Whom Paid							M	D	Y	Amount			
USPS							0	8	1	2	1	5	\$107.80
Address				Purpose									
675 WOLF LEDGES PKWY				POSTAGE									
City		State		Zip Code		Check Number							
AKRON		OH		44309		1324							

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>THE PEOPLE FOR ZACK MILKOVICH</b>												
To Whom Paid <b>COMMITTEE TO ELECT FRANK COMUNALE</b>						M	D	Y	Amount			
						0	8	2	0	1	5	\$100.00
Address <b>25 BERKSHIRE CT</b>				Purpose <b>CAMPAIGN CONTRIBTUION</b>								
City <b>AKRON</b>		State <b>OH</b>		Zip Code <b>44313</b>		Check Number <b>1325</b>						
To Whom Paid <b>CORBETT &amp; CO</b>						M	D	Y	Amount			
						0	8	2	1	1	5	\$100.00
Address <b>1081 BELLOWS ST</b>				Purpose <b>MAIL HOUSE</b>								
City <b>AKRON</b>		State <b>OH</b>		Zip Code <b>44301</b>		Check Number <b>1326</b>						
To Whom Paid <b>USPS</b>						M	D	Y	Amount			
						0	8	2	1	1	5	\$422.70
Address <b>675 WOLF LEDGES PKWY</b>				Purpose <b>POSTAGE</b>								
City <b>AKRON</b>		State <b>OH</b>		Zip Code <b>44309</b>		Check Number <b>1327</b>						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		<b>OH</b>										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		<b>OH</b>										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		<b>OH</b>										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		<b>OH</b>										

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>THE PEOPLE FOR ZACK MILKOVICH</b>						
Full Name of Contributor <b>DANIEL FRITZ</b>				Registration Number, if PAC		
Street Address <b>412 WATSON ST</b>		Employer/Occupation/Labor Organization* <b>RETIRED</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44305</b>	M <b>0</b>	D <b>5</b>	Y <b>2</b>	Amount <b>\$300.00</b>
Full Name of Contributor <b>DOLORES FRITZ-ROHNER</b>				Registration Number, if PAC		
Street Address <b>412 WATSON ST</b>		Employer/Occupation/Labor Organization* <b>RETIRED</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44305</b>	M <b>0</b>	D <b>6</b>	Y <b>3</b>	Amount <b>\$300.00</b>
Full Name of Contributor <b>FAISAL DABBAS</b>				Registration Number, if PAC		
Street Address <b>2172 PENGAILS AVE</b>		Employer/Occupation/Labor Organization* <b>AUTO SALES</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44319</b>	M <b>0</b>	D <b>7</b>	Y <b>0</b>	Amount <b>\$150.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
THE PEOPLE FOR ZACK MILKOVICH				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
ZACK MILKOVICH				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
2055 CRAMER AVE		PRINTING		0   8   1   7   1   5   \$603.14
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44312	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
ZACK MILKOVICH				
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
2055 CRAMER AVE		PRINTING		0   8   2   5   1   5   \$604.21
City		State	Zip Code	Received at Fundraising Event?
AKRON		OH	44312	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO

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# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>THE PEOPLE FOR ZACK MILKOVICH</b>															
From Whom Received <b>ZACK MILKOVICH</b>							Prior Amount <b>\$119,387.99</b>			Amt. Incurred this Period <b>\$6,000.00</b>					
Address <b>2055 CRAMER AVE</b>										Outstanding Balance <b>\$125,387.99</b>					
City <b>AKRON</b>		State <b>OH</b>		Zip Code <b>44312</b>			Loans Received This Period			Payments This Period					
							Date			Date					
							Amount			Amount					
Date Loan was originally Incurred		M		D		Y		M			D				
								0 7 1 6 1 5							
							\$								
										\$3,000.00					
Registration Number, if PAC							M			D			Y		
							0 7 3 0 1 5								
													\$1,500.00		
Employer/Occupation/Labor Organization*							M			D			Y		
							0 8 2 1 1 5								
													\$1,500.00		
From Whom Received							Prior Amount			Amt. Incurred this Period					
Address										Outstanding Balance					
City		State		Zip Code			Loans Received This Period			Payments This Period					
		<b>OH</b>					Date			Date					
							Amount			Amount					
Date Loan was originally Incurred		M		D		Y		M			D				
Registration Number, if PAC							M			D			Y		
Employer/Occupation/Labor Organization*							M			D			Y		
From Whom Received							Prior Amount			Amt. Incurred this Period					
Address										Outstanding Balance					
City		State		Zip Code			Loans Received This Period			Payments This Period					
		<b>OH</b>					Date			Date					
							Amount			Amount					
Date Loan was originally Incurred		M		D		Y		M			D				
Registration Number, if PAC							M			D			Y		
Employer/Occupation/Labor Organization*							M			D			Y		

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$ \$119,387.99

<sup>2</sup> Total received this period \$ \$6,000.00 (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ \$0.00 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ \$125,387.99 (To Form No. 30-A)

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>THE PEOPLE FOR ZACK MILKOVICH</b>						
Full Name <b>ZACK MILKOVICH</b>			Registration Number, if PAC			
Address <b>2055 CRAMER AVE</b>		Type* <b>LN</b>	M <b>0</b>	D <b>7</b>	Y <b>1615</b>	Amount <b>\$3,000.00</b>
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44312</b>		Form (Cash, Check, etc.) <b>CASH</b>	
Full Name <b>ZACK MILKOVICH</b>			Registration Number, if PAC			
Address <b>2055 CRAMER AVE</b>		Type* <b>LN</b>	M <b>0</b>	D <b>7</b>	Y <b>3015</b>	Amount <b>\$1,500.00</b>
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44312</b>		Form (Cash, Check, etc.) <b>CASH</b>	
Full Name <b>ZACK MILKOVICH</b>			Registration Number, if PAC			
Address <b>2055 CRAMER AVE</b>		Type* <b>LN</b>	M <b>0</b>	D <b>8</b>	Y <b>2115</b>	Amount <b>\$1,500.00</b>
City <b>AKRON</b>		State <b>OH</b>	Zip Code <b>44312</b>		Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC			
Address		Type* <b>RE</b>	M	D	Y	Amount
City		State <b>OH</b>	Zip Code		Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC			
Address		Type* <b>RE</b>	M	D	Y	Amount
City		State <b>OH</b>	Zip Code		Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC			
Address		Type* <b>RE</b>	M	D	Y	Amount
City		State <b>OH</b>	Zip Code		Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC			
Address		Type* <b>RE</b>	M	D	Y	Amount
City		State <b>OH</b>	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.