31-A-2 R.C. 3517.10(B)

FOR PAPER FILING ONLY Statement of Other Income

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Prescribed by Secretary of State 2/0

·	Presented by Secre	tary of State 2/01	
Name of Committee in Full			
Committee for Judge O'Donnell			
Full Name Total from 31C statement of loans received			Registration Number, if PAC
Address	Type*		M D Y Amount 0 1 1 5 1 4 \$2,000.00
City	State	Zip Code	Form (Cash, Check, etc.) check
Full Name	1 011		Registration Number, if PAC
· un value			Registration Number, it FAC
Address	Type* RE		M D Y Amsount
Čity	Staire OH	Zip Code	Form (Cash, Check, etc.)
Full Name	•		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		<u>'</u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	-		Registration Number, if PAC
Address	Type*	, , ,	M D Y Amount
City	RE - State	Zip Code	Form (Cash, Check, etc.)
Chy	OH		· ·
Full Name			Registration Number, if PAC
Address	Type*	E	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u></u> Un		Registration Number, if PAC
Address	Type*		M D Y Amount
	⊥RE _	12: 6:4:	Fam (Carly Charly 190)
City	Stațe OH	Zip Code	Form (Cash, Check, etc.)

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.