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

## **Statement of Other Income**

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full WHITNEY SMITH FOR OHIO		
Full Name	Registration Number, if PAC	
WHITNEY SMITH		
Address 820 BRYDEN ROAD	Type* LN	0 4 3 0 1 7 Amount \$1,000.00
City COLUMBUS	State Zip Code OH 43205	Form (Cash, Check, etc.) CHECK
Full Name		Registration Number, if PAC
Addross	Ty/pe*	M D Y Amount
Address	RE	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
Full Name	Registration Number, if PAC	
Address	Type*	M D Y Amount
	RE	
City	State Zip Code OH	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.)
<u>-</u>	OH Zip Code	· o (casi, cheek, see)
Full Name	Registration Number, if PAC	
Address	Type*	M D Y Amount
City	RE Zip Code	Form (Cash, Check, etc.)
	OH P	
Full Name	Registration Number, if PAC	
Address	Type*	M D Y Amount
City	RE State Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
City	RE State Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
	OH	

1,000.00
Page Total \$ \_\_\_\_\_

<sup>\*</sup> 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.