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

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full
Friends of Cornell Robertson

Full Name	Address	City	State	Zip Code	Type*		M D Y	Amount	Form(Cash,Check,etc)		Registration Number, if PAC
Cornell Robertson	5434 Schatz Lane	Hilliard	O H	43026	L N	[redacted]	0 9 1 1 1 3	200.00	Check	[redacted]	
Chase Bank, Branch 000867	1600 Hilliard Rome Road	Hilliard	O H	43026	I N	[redacted]	1 2 3 1 1 3	0.31	Check	[redacted]	
						[redacted]				[redacted]	
						[redacted]				[redacted]	
						[redacted]				[redacted]	
						[redacted]				[redacted]	
						[redacted]				[redacted]	
						[redacted]				[redacted]	

* 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, place the letters 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.

Page Total $ 200.31