

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Cotner For Council					
Full Name Barth Cotner			Registration Number, if PAC		
Address 1862 Drugan Ct.	Type* LN		M 1	D 2	Y 1 3 1 3
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check		
Amount \$300.00					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		
Amount					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	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.