## **Statement of Other Income**

Page Z

Prescribed by Secretary of State 2/01

Name of Committee in Full	<del></del>		
Cotner For Council			
Full Name	···	·	Registration Number, if PAC
Barth Cotner			
Address	Type*		M D Y Amount
1862 Drugan Ct.	LN		1 2 1 3 1 3 \$300.00
City	State	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	check
Full Name		•	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	_ RE _		
City	Stake	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name	·		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
C H.V.	OH		
Full Name			Registration Number, if PAC
Address	Type*	_	
, radicis	! '		M D Y Amount
City	RE Stake	Zip Code	Form (Cash, Check, etc.)
	OH	Zap code	Form (Cash, Check, etc.)
Full Name	[ 011	<u></u>	Registration Number, if PAC
			registration remove, it the
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	1	( )
Full Name		<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	он`		
Full Name		_	Registration Number, if PAC
		_	
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

300.00 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.