



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee			
Full Name of Contributor		Registration Number, if PAC	
ABBY Vaile			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
433 FAIRLAWN	Refund	08/17/2017	CHECK
City	State	Zip Code	Amount
COLUMBUS	OH OH	43214	\$500.00
Full Name of Contributor		Registration Number, if PAC	
ABBY Vaile			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
433 FAIRLAWN	Refund	10/16/2017	CHECK
City	State	Zip Code	Amount
COLUMBUS, OH	OH	43214	\$300.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		

* 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.