31-	A-2
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Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Franklin County Republican Party - Campaign			
Full Name	Registration Number, if PAC		
Betty Jane Mahan-VOID Check #8592 written on 12/1/08			
Address	Type*		M D Y Amount 0 4 1 5 0 9 \$45.00
71 Napoleon Ave., #D	_RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43213	Check Registration Number if PAC
Full Name			Registration Number, if PAC
All	Type*		M D Y Amount
Address	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
City	OH	-	
Full Name			Registration Number, if PAC
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City	State	Zip Code	Form (Cash, Check, etc.)
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Full Name			Registration Number, if PAC
		=	M D V Amount
Address	Type*		M D Y Amount
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City	State	Zip Code	2 om (casi, chors, cic.)
D. II N.	ОН		Registration Number, if PAC
Full Name			٠٠٠٠٠٠, ٣٠٠٠٠٠
Address	Type*		M D Y Amount
/ Mai/ 050	RE.		
City	State	Zip Code	Form (Cash, Check, etc.)
ŕ	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		Projectostica Number (FDAC
Full Name			Registration Number, if PAC
	नाः . *		M D Y Amount
Address	Type*		A AMOUNT
O'.	RE _	Zip Code	Form (Cash, Check, etc.)
City	1		
Enil Name	OH		Registration Number, if PAC
Full Name			
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

45.00

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.