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Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Will Petrik for Columbus				
Full Name of Contributor		Registration	Registration Number, if PAC	
Accounting Error				
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
	Refund		Cash	
City	State	Zip Code	Amount	
	ОН		2.50	
Full Name of Contributor		Registration	Number, if PAC	
Street Address	Tuno*		Transfords Object (A)	
Olicet Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
City		7.0		
City	State OH	Zip Code	Amount	
	OIT			
Full Name of Contributor		Registration	Number, if PAC	
Street Address	Type*	S + 444554000	Form (Cook Charle sta)	
Sirect Address	Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
City	State	Zip Code Amount		
ony .	OH	Zip Code	Amount	
Full Name of Contain to		12		
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	
	он			
Full Name of Contributor		Registration Number, if PAC		
Obs. d. Add.				
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
	Refund			
City	State	Zip Code	Amount	
	ОН			

Page Total \$	1.20
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^{*} 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.