

Page 5

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

				1 3317.10(b)
Full Name of Committee UA for Angela Lanctot				
Full Name of Contributor Fifth Third Bank - Interest	Registration Number, if PAC			
Street Address	Type*	Date (MM/D	D/YYYY) 07/15/2019	Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code		Amount 0.18
Full Name of Contributor Fifth Third Bank - Interest	, · ·		Registration Number, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY) 08/15/2019	Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code		Amount 0.53
Full Name of Contributor Fifth Third Bank - Interest			Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY) 09/13/2019	Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code		Amount 0.06
Full Name of Contributor Fifth Third Bank - Interest			Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY) 10/15/2019	Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code		Amount 0.06
Full Name of Contributor	Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code		Amount

,	0.83	
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.