,	31-A-2		
	R.C. 3517.10(B)		

Statement of Other Income

Page	1
_ ~	

Prescribed by Secretary of State 2/01

Name of Committee in Full	·	······································
Franklin County Libertarian Party		
Full Name		Registration Number, if PAC
Loan Transfer from Form 31-C		
Address	Type* LN 🔽	M D Y Amount \$217.80
City	Staje Zip Code OH	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC
Address	Type* RE	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
Fuli Name	1	Registration Number, if PAC
Address	Type* RE	M D Y Amount
City	Staje Zip Code	Form (Cash, Check, etc.)
Full Name	1 011	Registration Number, if PAC
Address	Type• RE	M D Y Amount
City	Stație Zip Code	Form (Cash, Check, etc.)
Fuil Name		Registration Number, if PAC
Address	Type* RE	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC
Address	Type* RE	M D Y Amount
City	State Zip Code OH	Form (Cash, Check, etc.)
Full Name	· ·	Registration Number, if PAC
Address	Type* RE	M D Y Amount
City	State Zip Code OH	Form (Cash, Check, etc.)
Fult Name		Registration Number, if PAC
Address	Type* RE	M D Y Amount
City	State Zip Code OH	Form (Cash, Check, etc.)

217.80

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.