



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee UA for Angela Lanctot			
Full Name of Contributor Fifth Third Bank - Interest		Registration Number, if PAC	
Street Address	Type* Investment/Income <input checked="" type="checkbox"/>	Date (MM/DD/YYYY) 11/15/2019	Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code	Amount 0.06
Full Name of Contributor Roy Lanctot		Registration Number, if PAC	
Street Address 141 E. 199th St.	Type* Loan Payments Received <input checked="" type="checkbox"/>	Date (MM/DD/YYYY) 10-29-19	Form (Cash, Check, etc.) Check
City Euclid	State OH	Zip Code 44119	Amount 2000.00
Full Name of Contributor Larry Lilly		Registration Number, if PAC	
Street Address 2641 Alliston Ct.	Type* Loan Payments Received <input checked="" type="checkbox"/>	Date (MM/DD/YYYY) 11-20-19	Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	Amount 2000.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Investment/Income <input checked="" type="checkbox"/>	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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.