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

FOR PAPER FILING ONLY Statement of Other Income

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Prescribed by Secretary of State 2/01

	resurrous by secret	ay 01 State 201	
Name of Committee in Full Citizens for Kirn Maggard			
Full Name			Registration Number, if PAC
U.S.P.S.			
Address	Type*		M D Y Amount
Airport facility	REFUN		09/1/15 \$30.00
City Columbus	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	 		Registration Number, if PAC
Address	Type*		M D Y Amount
	RÉ		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*	٠	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
·	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE_		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	<u> </u>	Registration Number, if PAC
Full Name			Registration Number, & FAC
Address	Type*	,	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		Registration Number, if PAC
Full Name			Registration Number, it is
Address	Type*		M D Y Amount
	RE _	• •	
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH	<u> </u>	Registration Number, if PAC
- MI PARIA			
Address	Type*		M D Y Amount
	RE, _	_	
City	State	Zip Code	Form (Cash, Check, etc.)
<u></u>	ОН		

30.00 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.