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

FOR PAPER FILING ONLY Statement of Other Income

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Page

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Committee to Re-Elect Anne Hoffman Porter to Bexley City Council				
Full Name Registration Number, if PAC Huntington National Bank				
Address 5003 E. Main Street	Type* IN 🔊	**	M. D. Y. Amount .35	
Columbus	OH 👨	Zip Code 43209	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type* RE ፟		M D Y Amount	
City	Stație —	Zip Code	Form (Cash, Check, etc.)	
Full Name		Registration Number, if PAC		
Address	Type* RE 🌣		M D Y Amount	
City	State OH ⊘	Zip Code	Form (Cash, Check, etc.)	
Full Name	i -		Registration Number, if PAC	
Address	Type* RE	The same of the sa	M D Y Amount	
City	Staje OH 🛇	Zip Code	Form (Cash, Check, etc.)	
Full Name		•	Registration Number, if PAC	
Address	Type* RE ⊘		M D Y Amount	
City	State OH ⊘	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type* RE ⊘		M ¹ D Y Amount	
City	OH 🛇	Zip Code	Form (Cash, Check, etc.)	
Full Name		-	Registration Number, if PAC	
Address	Type* RE ⊘		M¹ D Y Amount	
City	State OH 🛇	Zip Code	Form (Cash, Check, etc.)	
Fuli Name			Registration Number, if PAC	
Address	Type* RE ❷		M D Y Amount	
City	State OH Ø	Zip Code	Form (Cash, Check, etc.)	

Page Total \$ 0.35

^{*} 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.