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

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Citizens for Chris Long

Field	Value
Full Name	From Form 31-C
Registration Number, if PAC	
Address	
Type*	L N
M / D / Y	
Amount	2,500.00
City	
State	
Zip Code	
Form (Cash, Check, etc)	

Field	Value
Full Name	
Registration Number, if PAC	
Address	
Type*	
M / D / Y	
Amount	
City	
State	
Zip Code	
Form (Cash, Check, etc)	

Field	Value
Full Name	
Registration Number, if PAC	
Address	
Type*	
M / D / Y	
Amount	
City	
State	
Zip Code	
Form (Cash, Check, etc)	

Field	Value
Full Name	
Registration Number, if PAC	
Address	
Type*	
M / D / Y	
Amount	
City	
State	
Zip Code	
Form (Cash, Check, etc)	

Field	Value
Full Name	
Registration Number, if PAC	
Address	
Type*	
M / D / Y	
Amount	
City	
State	
Zip Code	
Form (Cash, Check, etc)	

Field	Value
Full Name	
Registration Number, if PAC	
Address	
Type*	
M / D / Y	
Amount	
City	
State	
Zip Code	
Form (Cash, Check, etc)	

Field	Value
Full Name	
Registration Number, if PAC	
Address	
Type*	
M / D / Y	
Amount	
City	
State	
Zip Code	
Form (Cash, Check, etc)	

Field	Value
Full Name	
Registration Number, if PAC	
Address	
Type*	
M / D / Y	
Amount	
City	
State	
Zip Code	
Form (Cash, Check, etc)	

* 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, place the letters 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.

Page Total $ 2,500.00