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

12-10-09

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: RUTHERFORD FOR WARD 3 COUNCIL

Full Name	Registration Number, if PAC	Address	Type*	M	D	Y	Amount	City	State	Zip Code	Form(Cash,Check,etc)
RICHARD C. RUTHERFORD		1933 IRIS CT.	LN	12	09	09	1517 09/xx	GROVE CITY	OH	43123	CREDIT CARD
RICHARD C. RUTHERFORD		1933 IRIS CT	RE	09	19	09	150 00	GROVE CITY	OH	43123	BANK STATE

* 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 $ 1667 09/xx