Statement of Other Income

Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Chris Long			į
Full Name			Registration Number, if PAC
From Form 31-C			
Address	Type*		M D Y Amount
	LN _		\$2,000.00
City	State Zip OH	Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	· · · · · · · · · · · · · · · · · · ·	Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
Address	Type*		M D Y Amount
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City	State Zip	Code	Form (Cash, Check, etc.)
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Address	Type*		M D Y Amount
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City		Code	Form (Cash, Check, etc.)
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Address	Type*		M D Y Amount
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Address	Type*		M D Y Amount
	RE _		
City		Code	Form (Cash, Check, etc.)
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Address	Type*		M D Y Amount
	RE		
City	State Zip	Code	Form (Cash, Check, etc.)
Eull Mone	OH		Registration Number, if PAC
Full Name			regisuation Nulliber, II FAC
Address	Type*		M D Y Amount
<u> </u>	RE	Codo	Farm (Cook Chook 112)
-City	State Zip	Code	Form (Cash, Check, etc.)

2,000.00

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.