



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

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Full Name of Committee					
Committee to Elect Chet Chaney					
Full Name of Contributor			Registration Number, if PAC		
Michelle Elliot					
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
2702 McVey Blvd. West	Refund		03/29/17	Check	
City	State	Zip Code		Amount	
Columbus	он	43235		\$387.10	
Full Name of Contributor		Registration Number		er, if PAC	
Yvette Simpson for Mayor		:			
Street Address	Type*	Date (MM/D	D/YYY)	Form (Cash, Check, etc.)	
2459 Gilbert Avenue	Refund				
City	State	Zip Code		Amount	
Cinncinatti	он	45206		\$1,150.00	
Full Name of Contributor	Registration Numb		er, if PAC		
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	он		Į.		
Full Name of Contributor		Registration Numb		er, if PAC	
				•	
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	он				
Full Name of Contributor	<u> </u>	Registration Numb		er, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code	Zip Code Amount		
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Page Total \$ \$1,537.10

^{*} 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.