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

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

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Name of Committee in Full  RUTHERFORD FOR	WAR	03 COUN	ci L								
Name of Committee in Full  RUTHERFORD FOR WARD 3 COUNCE  Full Name  I S AAC BRY ANT, LEDMAN & TEETOR  Address  250 E. BROAD 57. R E  City  COLUMBUS  OH 43215			Registrat	tion Numl	ber, if PA	C					
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Full Name	Name					Registration Number, if PAC					
Address	Type*		M	D	Y	Amount					
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Full Name					Registration Number, if PAC						
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<sup>\*</sup> 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.

