

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Friends of Michael Honcich Full Name of Contributor Grasswoods Strategies, LLC Street Address Type* Date (MM/DD/YYYY) Form (Cash, Check, etc.) Refund City State Columbus OH Columbus Type* Porm (Cash, Check, etc.) Type* Refund Type* Date (MM/DD/YYYY) Form (Cash, Check, etc.) Check Type Type* Type Type* Type Type* Type Type Type Type Type Type Type Type					
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Grassicols Strategies, LLC					
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^{*} 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.