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

FOR PAPER FILING ONLY Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full	. 0 .	a Parlei	
Frankiii) Count	1 Gree	in raity	
Name of Committee in Full Franklin County Full Name Interest		·	Registration Number, if PAC
A ddr ess	Type*		M. 7 3 1 15 # . 0Z
City	Stale OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, 1f PAC
Address	Type* RE		M D Y Amount
City	— _{Stațe} —	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, 1f PAC
Address	Type• RE		M D Y Amount
City	OH Srate	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
A ddress	Type•		M D Y Amount
City	Stațe OH	Zip Code	Form(Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	OH Stațe	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
A datress	Type* RE		-M D Y Amount
City	OH Staje	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Т уре* RE		M D Y, Amount
City	State -	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)

0.00

^{*} 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.