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

	Phononical annual Control (Spinore) (Spinore) (Spinore)		
Name of Committee in Full  WE ARE RAIDERS			
Full Name FIFTH THIRD BANK			Registration Number, if PAC
		E LAGUE MENCHEM E M	
Address P O BOX 630900	Type* <b>RE</b>		M D Y Amount 1 0 0 9 0 9 \$3.25
City CINCINNATI	State OH	Zip Code 45263	Form (Cash, Check, etc.) CR MEMO
Full Name	от при в		Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>		Registration Number, if PAC
Address	RE _		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	- State - OH	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.)
Full Name			Registration Number, if PAC
Address	Туре*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
Full Name	_OH		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State —	Zip Code	Form (Cash, Check, etc.)

3.25

Page Total \$

<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, 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.