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

## **Statement of Other Income**

| Page | 5 |  |
|------|---|--|

Prescribed by Secretary of State 2/01

| Name of Committee in Full   | _   |                                       |  |  |
|-----------------------------|---|---------------------------------------|--|--|
| Franklin County Green Party |   |                                       |  |  |
| Full Name                   |   |                                       | Registration Number, if PAC  |  |
| Interest income             |   |                                       | N/A  |  |
| Address                     | Type*<br>RE                                   |                                       | M D Y Amount<br>1 2 3 1 1 2 \$0.10   |  |
| City                        | State   | Zip Code                              | Form (Cash, Check, etc.)   |  |
|                             | ОН  | ]                                     |  |  |
| Full Name                   |   |                                       | Registration Number, if PAC  |  |
| Address                     | Type*   | · <b>在</b> 全国的企图中,                    | M D Y Amount   |  |
|                             | RE  |                                       |  |  |
| City                        | State OH                                      | Zip Code                              | Form (Cash, Check, etc.)   |  |
| Full Name                   |   |                                       | Registration Number, if PAC  |  |
| • • • • •                   |   | · · · · · · · · · · · · · · · · · · · |  |  |
| Address                     | Type*   |                                       | M D Y Amount   |  |
| City                        | RE State                                      | Zip Code                              | Form (Cash, Check, etc.)   |  |
|                             | OH  |                                       | Tom (Cash, Chesh, Chesh |  |
| Full Name                   | <u>, , , , , , , , , , , , , , , , , , , </u> |                                       | Registration Number, if PAC  |  |
| Address                     | Type*   |                                       | M D Y Amount   |  |
|                             | RE  |                                       |  |  |
| City                        | State OH                                      | Zip Code                              | Form (Cash, Check, etc.)   |  |
| Full Name                   |   |                                       | Registration Number, if PAC  |  |
| Address                     | Type*   |                                       | M D Y Amount   |  |
|                             | RE  |                                       |  |  |
| City                        | State OH                                      | Zip Code                              | Form (Cash, Check, etc.)   |  |
| Full Name                   |   |                                       | Registration Number, if PAC  |  |
|                             |   |                                       |  |  |
| Address                     | Type*<br>RE                                   |                                       | M D Y Amount   |  |
| City                        | State   | Zip Code                              | Form (Cash, Check, etc.)   |  |
|                             | OH  |                                       |  |  |
| uli Name                    |   | Registration Number, if PAC           |  |  |
| Address                     | Турс*   |                                       | M D Y Amount   |  |
| City                        | RE State                                      | Zip Code                              | Form (Cash, Check, etc.)   |  |
|                             | OH OH   | Zip Code                              | Porm (Cash, Check, Cic.)   |  |
| Full Name                   |   |                                       | Registration Number, if PAC  |  |
| Address                     | Туре•   |                                       | M D Y Amount   |  |
| -                           | RE  |                                       |  |  |
| City                        | State<br>OH                                   | Zip Code                              | Form (Cash, Check, etc.)   |  |
|                             |   |                                       | NAME OF TAXABLE OF   |  |

0.10 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.