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31-A-2	
R.C. 3517.100	B)

Statement of Other Income

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Page	<u> </u>

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Lori M. Tyack			
Full Name TRANSFER FROM FORM 31-C	I		Registration Number, if PAC
Address	Type*	A	1 0 1 2 1 0 \$2,125.00
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	The state of the s	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		<u>'</u>	Registration Number, if PAC
Address	Type*		M D Y Amount
City	Stațe	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	A COMPANY OF THE STATE OF THE S	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	The state of the s	M D Y Amount
City	Stațe	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	A CONTRACTOR OF THE PROPERTY O	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	And the second of the second o	M D Y Amount
Cíty:	State	Zip Code	Form (Cash, Check, etc.)

2,125.00

Page Total \$

^{*} 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.