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

Statement of Other Income

Page	1	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
CITIZENS FOR WRIGHT			Registration Number, if PAC
Full Name STAPLES			
Address	Type*		M D Y Amount
3790 E. BROAD ST	RE		0 9 1 5 1 1 \$3.52
City COLUMBUS	State OH	Zip Code 43213	Form (Cash, Check, etc.) CREDIT
Full Name			Registration Number, if PAC
CHASE BANK			
Address	Type*		M D Y Amount 1 1 2 3 1 1 \$21.59
130 NORTH HAMILTON RD	RE	Zip Code	1 1 2 3 1 1 \$21.59 Form (Cash, Check, etc.)
City GAHANNA	State	43230	CREDIT
Full Name			Registration Number, if PAC
		<u></u> .	
Address	Type*		M D Y Amount
	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH		
Full Name			Registration Number, if PAC
			M D Y Amount
Address	Type*	<u> </u>	M D Y Amount
City	RE Stație	Zip Code	Form (Cash, Check, etc.)
Chy	OH,		
Full Name			Registration Number, if PAC
	7.		M D Y Amount
Address	Type*		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		*
Full Name			Registration Number, if PAC
	Type*	-	M D Y Amount
Address	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH_		Registration Number, if PAC
Full Name			Registration Number, in PAC
Address	Type*	<u></u>	M D Y Amount
Address	RĒ		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Registration Number, if PAC
Full Name			registation random A 1100
Address	Type*	3	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

25.11

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.