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

Statement of Other Income

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Prescribed by Secretary of State 2/01

Full Name			
			Registration Number, if PAC
Address	Type*		M
519 S. Otterbein Avenue, Suite 8	IN		M D Y Amount S0.02
City	State	Zip Code	Form (Cash, Check, etc.)
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^{*} 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.