31-	A- :	2
R.C.	351	7.10(B

Statement of Other Income

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Phil Harmon for Columbus City Co	ouncil Campaign Committee		
Full Name Phil Harmon			Registration Number, if PAC
Address	Type*		M D Y Amount
5312 Longrifle Rd.	LN		0 7 2 9 0 5 \$50,000.00
City		ip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE _		
City	State Zi	ip Code	Form (Cash, Check, etc.)
Full Name	ОП		Registration Number, if PAC
			Registration Number, it FAC
Address	Type*		M D Y Amount
	RE .		
City	1 ' 1	p Code	Form (Cash, Check, etc.)
E 11.34	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City		p Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	1 '	p Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	1 '	p Code	Form (Cash, Check, etc.)
7.11.1	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City		p Code	Form (Cash, Check, etc.)
	LOH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		Viana in the state of the state
City	State Zip	o Code	Form (Cash, Check, etc.)
	OH		

50,000.00 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.