



**Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> Coleman for Columbus			
Full Name of Contributor Capital Club		Registration Number, if PAC	
Street Address 50 S Front St	Type* Refund <input checked="" type="checkbox"/>	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) VOID #6556 7/24/2009
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	Amount \$168.75
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund <input checked="" type="checkbox"/>	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State <input checked="" type="checkbox"/>	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund <input checked="" type="checkbox"/>	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH <input checked="" type="checkbox"/>	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund <input checked="" type="checkbox"/>	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH <input checked="" type="checkbox"/>	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund <input checked="" type="checkbox"/>	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH <input checked="" type="checkbox"/>	Zip Code	Amount

\* 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.