JON HUSTED
Ohio Secretary of State

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee
Will Petrik for Columbus

Full Name of Contributor			Registration Number, if PAC
Facebook			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
1601 Willow Rd	Refund	08/03/2017	Debit Card
City	State	Zip Code	Amount
Metro Park	CA	94025	8.72
Full Name of Contributor			Registration Number, if PAC
Facebook			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
1601Willow Rd	Refund	08/07/2017	Debit Card
City	State	Zip Code	Amount
Metro Park	CA	94025	14.16
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		

* 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.

Page Total $ 22.88