

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Cotner For Council							
Full Name		Type*		M	D	Y	Amount
Barth Cotner		LN		0	3	3	\$1,500.00
Address		State		Zip Code		Form (Cash, Check, etc.)	
1862 Drugan Court		OH		43068		check	
City				Registration Number, if PAC			
Reynoldsburg							
Full Name		Type*		M	D	Y	Amount
		RE					
Address		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
City				Registration Number, if PAC			
Full Name		Type*		M	D	Y	Amount
		RE					
Address		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
City				Registration Number, if PAC			
Full Name		Type*		M	D	Y	Amount
		RE					
Address		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
City				Registration Number, if PAC			
Full Name		Type*		M	D	Y	Amount
		RE					
Address		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
City				Registration Number, if PAC			
Full Name		Type*		M	D	Y	Amount
		RE					
Address		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
City				Registration Number, if PAC			
Full Name		Type*		M	D	Y	Amount
		RE					
Address		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
City				Registration Number, if PAC			

* 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.