



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Cotner For Council			
Full Name of Contributor Barth R. Cotner		Registration Number, if PAC	
Street Address 1862 Drugan Court	Type* Loan Payments Received <input type="button" value="v"/>	Date (MM/DD/YYYY) 09/29/2018	Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Amount 370
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	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.