31-A-2
R.C. 3517.10(B)

Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full SUPPORT LACORTE FOR MAYOR CAN	MPAIGN	
Full Name AMAZON.COM		Registration Number, if PAC
Address	Type* RE	0 6 1 7 1 5 S26.95
City SEATTLE	State Zip Code	Form (Cash, Check, etc.) DEBIT
Full Name CUSTOMINK		Registration Number, if PAC
Address PO BOX 759439	Туре* RE	M D Y Amount 0 6 2 5 1 5 \$43.55
City BALTIMORE	State Zip Code MD 21275	Form (Cash, Check, etc.) DEBIT
Full Name CUSOTMINK	··	Registration Number, if PAC
Address PO BOX 759439	туре* RE	M D Y Amount 0 7 0 2 1 5 \$94.13
City BALTIMORE	State Zip Code MD	Form (Cash, Check, etc.) DEBIT
Full Name FACEBOOK		Registration Number, if PAC
Address	Type* SA 🔽	M D Y Arnount -\$56.03
City	State Zip Code	Form (Cash, Check, etc.)
Full Name SIGNS ON THE CHEAP		Registration Number, if PAC
Address 11525A STONE HOLLOW DRIVE	Type• RE ▼	0 9 1 6 1 5 \$97.10
City AUSTIN	State Zip Code TX 78758	Form (Cash, Check, etc.) DEBIT
Full Name		Registration Number, if PAC
Address	RE ▼	M D Y Amount
City	State Zip Code ▼	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC
Address	Type• RE ■	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.) Registration Number, if PAC
Full Name		
Address	Type* RE	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)

205.70

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.