



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee				
Friends of Meredith Lawson-Rowe				
Full Name of Contributor		Registration N	Registration Number, if PAC	
Di LA Ida	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
Street Address	Refund	Bate (MINUSS)		
City	State	Zip Code	Amount	
	ОН			
Full Name of Contributor		Registration I	Number, if PAC	
Direct Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
Street Address	Refund	Date (MINDO) 1111)		
City	State	Zip Code	Amount	
	ОН			
Full Name of Contributor	<u> </u>	Registration	Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
	Refund		Amount	
City	State OH	Zip Code	Amount	
	Ort	Registration	Number, if PAC	
Full Name of Contributor		Negisuation	Humber, in the	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
	Refund			
City	State	Zip Code	Amount	
: : !	ОН			
Full Name of Contributor		Registration	Number, if PAC	
Our A Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
Street Address	Refund	Date (Minibor 111)		
City	State	Zip Code	Amount	
	ОН		1	

Page Total \$	0.00

^{*} 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.