



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee <i>CITIZENS TO ELECT MIKE WALKER</i>			
Full Name of Contributor <i>Mike Walker</i>		Registration Number, if PAC <i>Amount brought forward from 31-C</i>	
Street Address <i>184 KRAMER ST</i>	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City <i>Canal Winchester</i>	State OH /	Zip Code	Amount <i>2200.00</i>
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.

Page Total \$

2200.00