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

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Citizens for Beryl D. Anderson				
Full Name: Chase Bank			Registration Number, if PAC	
Address	Type*		M 12 D 18 Y 12	Amount 0.01
City: Gahanna	State: OH	Zip Code: 43230	Form (Cash, Check, etc.): CASH	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

* 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 $ 0.01