



**Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> Coleman for Columbus			
Full Name of Contributor Fifth Third Bank		Registration Number, if PAC	
Street Address 21 E State St	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) VOID 12/11/2013
City Columbus	State OH	Zip Code 43215	Amount \$12.50
Full Name of Contributor Fifth Third Bank		Registration Number, if PAC	
Street Address 21 E State St	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) VOID 11/2/2015
City Columbus	State OH	Zip Code 43215	Amount \$30.00
Full Name of Contributor Fifth Third Bank		Registration Number, if PAC	
Street Address 21 E State St	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) VOID 11/7/2015
City Columbus	State OH	Zip Code 43215	Amount \$13.95
Full Name of Contributor Fifth Third Bank		Registration Number, if PAC	
Street Address 21 E State St	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) VOID 12/2/2015
City Columbus	State OH	Zip Code 43215	Amount \$30.00
Full Name of Contributor Fifth Third Bank		Registration Number, if PAC	
Street Address 21 E State St	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) VOID 12/9/2015
City Columbus	State OH	Zip Code 43215	Amount \$132.90

\* 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 \$ 219.35