<b>.</b> 3:1	-A-2	2
R.C	3517	.10(B

## **Statement of Other Income**

Page	

Prescribed by Secretary of State 2 01

Name of Committee in Full							
Citizens for Chris Long							
Full Name From Form 31-C			Registra	tion Nun	nber, if P.	AC	
Address	Type*		M	D	Y	Amount \$501.93	
City	State	Zip Code	Form (C	ash, Che	ck, etc.)		
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (C	Form (Cash, Check, etc.)			
Full Name	<del></del>	Registra	tíon Nun	nber, if Pa	40		
Address	Type*		M	D	Υ.	Amount	
City	State	Zip Code	Form (C	Form (Cash, Check, etc.)			
Full Name				tion Nun	nber, if Pa	AC	
Address	Гуре*		M	D	Y	:Amount	
City	State	Zip Code	Form (C	ash. Che	tck, etc.)		
Full Name			Registration Number, if PAC				
Address	Туре*		М	D	Y	Amount	
City	State	Zip Code	Form (C	Form (Cash. Check. etc.)			
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (C	ash. Che	eck, etc.)		
ull Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (C	ash, Cho	eck, etc.)		
Full Name		<u></u>	Registra	Registration Number, if PAC			
Address	Type*		M	D	Υ'.	Amount	
City	State	Zip Code	Form (C	Cash. Ch	eck. etc.)		

501.93

Page Total \$

<sup>\*</sup> 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.