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

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Citizens for a Strong Gahanna

Full Name			Registration Number, if PAC	
Citizens for Jolley				
Address	**Type***		**M / D / Y**	**Amount**
187 Regents Road	L N		04 / 29 / 13	750.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**	
Gahanna	O H	43230	Check	

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, place the letters 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 $ 750.00