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

Page 5

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: DeGraw for Mayor

Full Name	Address	City	Type*	State	Zip Code	Registration Number, if PAC	M	D	Y	Amount	Form (Cash, Check, etc.)
Loan from Linda DeGraw	1158 Virginia Ave	Columbus	LN	OH	43212		08	10	11	$ 100.00	check
Members First Credit Union		Columbus	IN	OH	43212		09	30	11	$ 0.04	cash

* 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.

100.04