



Statement of Other Income

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

Full Name of Committee COLUMBUS FIREFIGHTERS UNION L-67PAC FUND			
Full Name of Contributor Correction to beginning balance		Registration Number, if PAC LA 839	
Street Address 379 West Broad St	Type* Investment/Income	Date (MM/DD/YYYY) 10/17/2018	Form (Cash, Check, etc.) Other
City Columbus	State OH	Zip Code 43215	Amount 23,254.20
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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.