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Statement of Other Income

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Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | · |
|-----------------------------|--|-----------------------------|-------------------------------|
| Eric Colombo for UA Schools | | | |
| Full Name | | Registration Number, if PAC | |
| Eric L. Colombo | | | |
| Address | Type* | | M D Y Amount |
| 2945 Welsford Road | LN | | 0 8 0 2 1 3 \$100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) |
| Upper Arlington | OH | 43221 | Check |
| Full Name | | | Registration Number, if PAC |
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| i dir yang | | | Registration Number, if PAC |
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| Full Name | | <u> </u> | Registration Number, if PAC |
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| Address | Type* | | M D Y Amount |
| | RE | | |
| City | Starte | Zip Code | Form (Cash, Check, etc.) |
| | OH | | |

100.00 Page Total \$

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.