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Statement of Other Income

Form 31-A-

R.C. 3517.10(B)

Full Name of Committee				
FRIENDS OF SHORON WOUTER				
FRIENDS OF SHARON Whiten			Registration Number, if PAC	
Sharon Whitten Street Address 5298 Sclemen Ave				
Street Address	Type*	Date (MM/DD/)	YYY)	Form (Cash, Check, etc.)
5298 Solomon Ave	Refund	8////7 Zip Code/		CASH
	State	Zip Code		Amount F335, oct
Groveport	OH E'hIC	43125	-	P335,00
Full Name of Contributor		Registration Number, if PAC		
Street Address	Type*	Date (MM/DD/)	YYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	он			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/)	YYY)	Form (Cash, Check, etc.)
	Refund		·	
City	State	Zip Code		Amount
	он			
Full Name of Contributor		R	Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/)	YYY)	Form (Cash, Check, etc.)
	Refund	,	,	
City	State	Zip Code		Amount
	он			
-ull Name of Contributor		 Re	Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/)		Form (Cash, Check, etc.)
	Refund	,		
City	State	Zip Code	Zip Code Amount	
	он			

^{*} 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.