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

FOR PAPER FILING ONLY Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full		creaty of State 2701	
The Committee to Elect Dominic Pa	retti		
Full Name Dominic Paretti			Registration Number, if PAC
Address	·		.,,,,,,,
522 1/2 S. Pearl St	Type•		M D Y Amount
City	LN State	Zip Code	1 1 0 5 1 3 \$65.00
Columbus	OH	43215	Form (Cash, Check, etc.) Cash
Full Name			Registration Number, if PAC
Hunington Bank		_	3 7 7 7
17 S. High St	Type*		M D Y Amount
City	RE Stape	2:- C-1	1 1 0 4 1 3 \$36.00
Columbus	OH	Zip Code 43215	Form (Cash, Check, etc.)
Full Name		43213	Electronic Deposit Registration Number, if PAC
· · · · · · · · · · · · · · · · · · ·			Togovaco, Tambel, 117AC
Address	Type*		M D Y Amount
Ciry	RE		
	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1 011		I Paris and A Paris
			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE		
Cuy	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
			Registration Number, if PAC
Address	Type ^a		Mi D Yi Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		Academ
City	State	Zip Code	Form (Cash, Check, etc.)
ull Name	OH		
			Registration Number, if PAC
Address	Type*		Mi D Yi Amount
	RE	5	M D Y Amount
ity	State	Zip Code	Form (Cash, Check, etc.)
ull Name	OH		
			Registration Number, if PAC
ddress	Type*		M D
	RE		M D Y Amount
ity	State	Zip Code	Form (Cash, Check, etc.)
	OH		

101.00

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.