



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Fifth Third Bank Street Address Type* Date (MM/DD/YYY) Form (Cash, Check, etc.)	Full Name of Committee		ţ		
Fifth Third Bank Street Address Type* Date (MM/DD/YYY) Form (Cash, Check, etc.)				•	
Street Address Type* Date (MM/DD/YYYY) Form (Cash, Check, etc.)	Full Name of Contributor	N .		Registration Numb	er, if PAC
State	Fifth Third Bank			1 ,	÷ ,
City Columbus C	Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
Columbus OH 43215 11.00 Registration Number, if PAC Fifth Third Bank Street Address 809 S High Street City State Zip Code Amount 11.00 Registration Number, if PAC Form (Cash, Check, etc.) O8/08/2019 Credit City State Zip Code Amount 11.00 Full Name of Contributor Fifth Third Bank Street Address Type* Date (MM/DD/YYYY) Form (Cash, Check, etc.) O8/08/2019 Credit City State Zip Code Amount 11.00 Registration Number, if PAC Fifth Third Bank Street Address Type* Date (MM/DD/YYYY) Form (Cash, Check, etc.) O8/08/2019 Credit City State Zip Code Amount 11.00 Full Name of Contributor Fifth Third Bank Street Address Type* Dete (MM/DD/YYYY) Form (Cash, Check, etc.) O8/08/2019 Credit City OB/08/2019 Registration Number, if PAC	809 S High Street	Refund		08/08/2019	Credit
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Fifth Third Bank Street Address 809 S High Street Columbus Col	Columbus	ОН	43215		11.00
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Refund	Full Name of Contributor	<u></u>		Registration Number	er, if PAC
Refund			·		
	Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
City State Zip Code Amount		Refund			
	City	State	Zip Code		Amount
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Page	Total \$ 44.00	

^{*} 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.