

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Comfort for UA Schools</b>					
Full Name <b>Robin H. Comfort</b>			Registration Number, if PAC		
Address <b>2275 Onandaga Drive</b>	Type* <b>RE</b>		M <b>0</b>	D <b>9</b>	Y <b>0511</b>
City <b>Upper Arlington</b>	State <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>Check</b>		
Amount <b>\$75.28</b>					
Full Name					
Address			Registration Number, if PAC		
Type* <b>RE</b>			M	D	Y
State <b>OH</b>			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type* <b>RE</b>			M	D	Y
State <b>OH</b>			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type* <b>RE</b>			M	D	Y
State <b>OH</b>			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type* <b>RE</b>			M	D	Y
State <b>OH</b>			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type* <b>RE</b>			M	D	Y
State <b>OH</b>			Amount		
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Type* <b>RE</b>			M	D	Y
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Full Name					
Address			Registration Number, if PAC		
Type* <b>RE</b>			M	D	Y
State <b>OH</b>			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type* <b>RE</b>			M	D	Y
State <b>OH</b>			Amount		
City			Form (Cash, Check, etc.)		
Zip Code					

\* 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.