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

Statement of Other Income

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full		
Comfort for UA Schools		
Full Name		Registration Number, if PAC
Robin H. Comfort		
Address	Type*	M D Y Amount
2275 Onandaga Drive	RE _	0 9 0 5 1 1 \$75.28
City	State Zip Code	Form (Cash, Check, etc.)
Upper Arlington	OH 43221	Check
Fuil Name		Registration Number, if PAC
Address	Týpe*	M D Y Amount
	RE _	
City	State Zip Code	Form (Cash, Check, etc.)
E UN	OH	Basistania Mankan 1871 C
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
,	OH T	
Full Name	k	Registration Number, if PAC
Address	Type*	M D Y Amount
	RE _	
City	State Zip Code	For a (Cash, Check, etc.)
	OH	
Full Name		Registration Number, if PAC
,		W I D I V II
Address	Type*	M D Y Amount
City	RE Zip Code	Form (Cash, Check, etc.)
City	State Zip Code OH	Porti (Casil, Check, etc.)
Full Name	ļ Olī	Registration Number, if PAC
		The state of the s
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
- -	OH	
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
	LOH	
Full Name		Registration Number, if PAC
4.1 1	70.00	N A D A V A A A A A A A A A A A A A A A A
Address	Type*	M D Y Amount
Cin	RE Zin Code	Form (Cash, Check, etc.)
City	State Zip Code	ronu (Casa, Check, etc.)
	OH	

75.28

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.