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

Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full (+ 12 2015			
Name of Committee in Full CH12eNS FOR HATTIS Full Name PNC BOX 609 City P1HS burgh			Registration Number, if PAC
Address	Type*		
PO BUX 609		do grand	
City PIHS bursh	State	Zip Code 15230	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	The same of the sa	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
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Full Name			Registration Number, if PAC
Address	Type*	and the state of	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
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Address	Type*		M D Y Amount
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Full Name			Registration Number, if PAC
Address	Туре*	A first the state of the	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u></u>	1	Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
		<u> </u>	

Page Total \$ 42.00

^{*} 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.