



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Nicodemus For Trustee			
Full Name of Contributor Pathways		Registration Number, if PAC	
Street Address 5665 N Hamilton Rd.	Type* Investment/Income	Date (MM/DD/YYYY) 03/31/2019	Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43230	Amount .54
Full Name of Contributor Pathways		Registration Number, if PAC	
Street Address 5665 N Hamilton Rd.	Type* Investment/Income	Date (MM/DD/YYYY) 06/30/2019	Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43230	Amount .54
Full Name of Contributor Pathways		Registration Number, if PAC	
Street Address 5665 N Hamilton Rd.	Type* Investment/Income	Date (MM/DD/YYYY) 09/30/2019	Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43230	Amount .49
Full Name of Contributor Pathways		Registration Number, if PAC	
Street Address 5665 N Hamilton Rd.	Type* Investment/Income	Date (MM/DD/YYYY) 12/31/2019	Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43230	Amount .44
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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.