Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full	·		
Cotner For Council			
Full Name Barth Cotner			Registration Number, if PAC
Address 1862 Drugan Court	Type*		M D Y Amount 0 5 3 1 1 7 \$20.00
City	State	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	check
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE Stake	Zip Code	Form (Cash, Check, etc.)
City	OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RÉ		
Cíty	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		
ruli Name			Registration Number, if PAC
Address	Type*		M D Y Amount
Cin.	RE	Zin Code	Form (Oath Chall and)
City	Stake OH	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	011	1	Registration Number, if PAC
Address	T That		M I D I W Amount
Address	Type*		M D Y Amount
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.)
Full Name	OH	<u>.</u>	Registration Number, if PAC
Addense	mL.+		M I N I M A
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)

20.00

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.