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

## FOR PAPER FILING ONLY Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full				
Name of Committee in Full Stonewall Democrats of Central Ohio PAC				
Full Name	<del></del>	Registration Number, if PAC		
Media Mazcla				
Address	Type*	M D Y Amount		
PO Box 20577	RE 🔯	0   5   1   3   1   1   \$360.00		
City New York	State Zip Code NY 10009	Form (Cash, Check, etc.) Electronic		
	10000	Registration Number, if PAC		
Full Name		registration number, it race		
Address	Type*	M D Y Amount		
214	RE Sinks Zio Coule	Form (Cash, Check, etc.)		
City	State Zip Code  OH 🔽	Point (Casi, Citck, Cit.)		
Full Name		Registration Number, if PAC		
	Trino*	M D Y Amount		
Address	Type* RE ☑	The state of the s		
City	Stake Zip Code OH 🔻	Form (Cash, Check, etc.)		
D. H. V.		Registration Number, if PAC		
Full Name		Registration (diffice), if 1740		
Address	Type*	M D Y Amount		
	RE 🔽			
City	State Zip Code  OH 🔽	Form (Cash, Check, etc.)		
Full Name		Registration Number, if PAC		
Address	Туре*	M D Y Amount		
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City	State Zip Code	Form (Cash, Check, etc.)		
Full Name		Registration Number, if PAC		
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Address	Type⁴ RE ☑	M D Y Amount		
City	State Zip Code	Form (Cash, Check, etc.)		
Full Name		Registration Number, if PAC		
Address	Type*	M D Y Amount		
Arthur Coo	RE 🗹			
City	State Zip Code OH 🔽	Form (Cash, Check, etc.)		
Fuli Name		Registration Number, if PAC		
Address	Type*	M D Y Amount		
Address	RE 🔽			
City	State Zip Code	Form (Cash, Check, etc.)		
	OH 🖭			

360.00

Page Total \$

<sup>\*</sup> 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.