



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Coleman for Columbus			
Full Name of Contributor Fifth Third Bank		Registration Number, if PAC	
Street Address 21 E State St	Type* Refund ☒	Date (MM/DD/YYYY) 10/31/2017	Form (Cash, Check, etc.) EFT
City Columbus	State OH ☒	Zip Code 43215	Amount \$37.00
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
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
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
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.

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