



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee			
Full Name of Contributor			Registration Number, if PAC
Columbus Metropolitan Credit Union			
Street Address	Type* <small>Refund</small>	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
4000 E. Broad Street		01-16-2018	Interest Deposit
City	State	Zip Code	Amount
Columbus	OH	43213	0.18
Full Name of Contributor			Registration Number, if PAC
Street Address	Type* <small>Refund</small>	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type* <small>Refund</small>	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type* <small>Refund</small>	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type* <small>Refund</small>	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
	OH		

* 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.