



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Coleman for Columbus			
Full Name of Contributor Nicholas Bankston		Registration Number, if PAC	
Street Address 634 Enfield Rd	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) VOID 9/29/2011 MO
City Columbus	State OH	Zip Code 43219	Amount \$108.00
Full Name of Contributor JeVaughn Henderson		Registration Number, if PAC	
Street Address 146 South James Rd	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) VOID 10/14/2011 #7133
City Columbus	State OH	Zip Code 43213	Amount \$50.00
Full Name of Contributor Alicia Rushing		Registration Number, if PAC	
Street Address 4336 Goldengate Sq W Apt M	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) VOID #7221 11/4/2011
City Columbus	State OH	Zip Code 43224	Amount \$130.00
Full Name of Contributor Teressa Knox		Registration Number, if PAC	
Street Address 3115 Rotunda Ct N	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) VOID #7273 11/7/2011
City Columbus	State OH	Zip Code 43232	Amount \$100.00
Full Name of Contributor AT&T U-Verse		Registration Number, if PAC	
Street Address PO Box 5014	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) VOID #7351 12/13/2011
City Carol Stream	State IL	Zip Code 60197	Amount \$48.04

* 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.

Page Total \$ 436.04