



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee			
UA for Foulk			
Full Name of Contributor		Registration Number, if PAC	
Amazon			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
P O Box 81226	Refund	08/14/2017	Amazon gift card
City	State	Zip Code	Amount
Seattle	WA	98108	75.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
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.