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

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full
Acker for Judge

Full Name			Registration Number, if PAC	
Alan S. Acker				
Address	Type*		M D Y	Amount
1081 Arcaro Court			05 24 10	$3,000.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Gahanna	Ohio	43230		
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

* 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 $ 3,000.00