31-	A-	-2	
R.C.	351	7.10(E	1)

Statement of Other Income

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Greg Scott For Mayor			
Full Name			Registration Number, if PAC
Greg Scott			Togista and the same of the sa
Address	Type*		M D Y Amount
1722 Obetz Ave	LN		0 9 1 0 1 5 \$320.00
City	State	Zip Code	Form (Cash, Check, etc.)
Obetz	OH	43207	Cash
Full Name			Registration Number, if PAC
			registration remote, it is
Address	Type*		M D Y Amount
	RÉ		
City	State	Zip Code	Form (Cash, Check, etc.)
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Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name	*	<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE RE		
City	State	Zip Code	Form (Cash, Check, etc.)
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Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
Cia.	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	(

320.00

Page Total \$

^{*} 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.