



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee				
Committee to Elect Stephen M Cicak				
Full Name of Contributor			Registration Number, if PAC	
FROM FORM 31-C				
Street Address	Type*	Date (MM/D	DD/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	он			5042
Full Name of Contributor			Registration N	lumber, if PAC
Street Address	Type*	Date (MM/E	\	Form (Cash, Check, etc.)
Street Address	Refund	Date (WINE)	(וזוז/טכ	Total (oddin ondon, otd.)
City	State	Zip Code		Amount
City	OH	Zip Code		Amount
			Ini-t-tion N	1 1 1 2 1 DAG
Full Name of Contributor			Registration in	lumber, if PAC
Street Address	Type*	Date (MM/E	DD/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Type*	Date (MM/E	DD(YYYY)	Form (Cash, Check, etc.)
olioci /idaloso	Refund	Bate (mm)	,,,,,	
City	State	Zip Code		Amount
·	он			
Full Name of Contributor		<u> </u>	Registration Number, if PAC	
Street Address	Type*	Date (MM/I		Form (Cash, Check, etc.)
origer variess	Refund	Date (WIW)	<i>JD/11111)</i>	Tom (oddin, onlosid, old.)
City	State	Zip Code		Amount
	он			

Page Total \$	5042.00	

^{*} 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.