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

Statement of Other Income

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	Page	<u>.</u>

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Full Name			Registration Number, if PAC
CHASE BANK			
Address	Type*		M D Y Amount
LOCKBOURNE ROAD	RE		1 0 3 1 1 3 \$0.44
City COLUMBUS	Stagle OH	Zip Code	Form (Cash, Check, etc.)
Full Name	On		Registration Number, if PAC
CHASE BANK			Registration Number, 11 PAC
Address	Type*		M D Y Amount
LOCKBOURNE ROAD	RE		1 1 2 9 1 3 \$0.40
City	State	Zip Code	Form (Cash, Check, etc.)
COLUMBUS	OH		
Full Name	Registration Number, if PAC		
Address	Type*		M D Y Amount
	RE		Amount
City	Stage	Zip Code	Form (Cash, Check, etc.)
	OH.		
Full Name			Registration Number, if PAC
		_	
Address	Туре*		M D Y Amount
0.	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
			Registration Number, in FAC
Address	Type*	• •	- M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	<u> </u>	
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
<u></u>		18: 0	
City	State	Zip Code	Form (Cash, Check, etc.)
Fuli Name	OH	_1	Registration Number, if PAC
-			
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

0.84

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.