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

Statement of Other Income

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Pull			
Name of Committee in Full Pfeiffer for Judge			i
Full Name		<u> </u>	Registration Number, if PAC
Barbara Pfeiffer			
Address	Type*	,	M D Y Amount
493 Richards Road	LN		0 9 2 5 1 1 \$431.60
City	State	Zip Code	Form (Cash. Check, etc.)
Columbus	ОН	43215	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Yama	ОН	<u> </u>	
Full Name	_		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
5 113	ОН	1 1	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
PAILV	OH_		Payiotration Number (CD4)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE _	7. 011	
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>	1	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		From (Coals Charles)
City	State OH	Zîp Code	Form (Cash. Check, etc.)
Full Name		1	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE .		Con (Cot) Chair
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	LOH_		Registration Number, if PAC
Address	Type*		M D Y Amount
Cin.	RE -	Zin Coda	Form (Cash, Check, etc.)
City	State OH	Zip Code	CODA (CASH, CHECK, CIC.)
<u> </u>	<u> </u>		

431.60

Page Total S

^{*} 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.