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Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

| Refund State OH State OH Registration Number, if PAC Street Address Type* Refund City State OH Date (MM/DD/YYYY) Form (Cash, Check, etc.) Full Name of Contributor Registration Number, if PAC Street Address Type* Refund Date (MM/DD/YYYY) Form (Cash, Check, etc.) Full Name of Contributor Registration Number, if PAC City State OH Zip Code Amount OH Registration Number, if PAC City State OH Zip Code Amount OH Registration Number, if PAC City State OH Refund City State OH Registration Number, if PAC City Refund Registration Number, if PAC City State OH Registration Number, if PAC | Full Name of Committee | | | | | |
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| Sireet Address | Full Name of Contributor | | | Registration Number, if PAC | | |
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^{*} 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.