



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Reynolds for Grandview			
Full Name of Contributor Steven R. Reynolds			Registration Number, if PAC
Street Address 1070 Virginia Ave.	Type* LN	Date (MM/DD/YYYY) 04/24/2019	Form (Cash, Check, etc.) Check
City Grandview Heights	State OH	Zip Code 43212	Amount \$1,000
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State	Zip Code	Amount

* 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.