

## **Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee				
Committee to elect George W. Leach Judge Full Name of Contributor Registration Number, if PAC				
Full Name of Contributor			Registration Number, if PAC	
Square Inc.  Street Address  Type* pr  Date (MM/DD/YYYY)  Form (Cash, Check, etc.)				
Street Address	Type* RE	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
1455 market St., Ste 600	Refund of expense	F105/25/2017		electronic
City	State	Zip Code		Amount
Son Francisco	₩ CA	94103		10.08
Full Name of Contributor		Registration Number, if PAC		
Street Address				
	Type* RE	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
1455 Market St., Stolo	Refund of Lyperse	O6/:	22/2017	<u>llectronic</u>
City	State	Zip Code		Amount
San Francisco	<b>⊕</b> ∨	941	03	10.01
Full Name of Contributor			Registration Number, if PAC	
Total Loans Ruived From Form No. 31-C  Street Address  Type*  Date (MM/DD/YYY)  Form (Cash Check etc.)				
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			\$17,050.12
Full Name of Contributor			Registration Number, if PAC	
Street Address	Type*	Date (MM/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/D	Date (MM/DD/YYYY) Form (Cash, Check, e	
	Refund			
City	State	Zip Code Amount		
	ОН			

<sup>\*</sup> 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.