



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Committee to Re-Elect Dan McCardle Fiscal Officer			
Full Name of Contributor Dan McCardle		Registration Number, if PAC	
Street Address 827 Battalion Place	Type* Refund LN	Date (MM/DD/YYYY) 08/30/2019	Form (Cash, Check, etc.) Cash Transfer
City Galloway	State OH OH	Zip Code 43119	Amount \$4,000.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	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.

Page Total \$ **\$4,000.00**