## Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

				R.C. 3517.10(B)
Full Name of Committee				
Friends OF Mack Qu	iesen ber	m		
Friends of Mack Quesenbern  Full Name of Contributor  Tem ffer L. Quesenbern  Street Address  Type*  Date (MM/II  12-5			Registration Number, if PAC	
Jeniffer L. Quesen	bern 1			
Street Address	Type*	Date (MM/DE	)/YYYY)	Form (Cash, Check, etc.)
949 Lancaster Avy	Refund	12-5-	-19	Cash
City	State	Zip Code		Amount
Keen	ОН	430	4	246.65
Full Name of Contributor			Registration Number, if PAC	
			ı	
Street Address	Type*	Date (MM/DI	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	он			
Full Name of Contributor		Registration Number, if PAC		umber, if PAC
				,
Street Address	Type*	Date (MM/DI		Form (Cash, Check, etc.)
	Refund	,	-, · · · · ,	
City	State	Zip Code		Amount
	он	'		
Full Name of Contributor			Registration Nu	umher if PAC
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Street Address	Type*	Data (MANA/DI	20000	Form (Cash, Check, etc.)
010017.001555	Refund	Date (MM/DI	J/Y Y Y Y j	FUITH (Cash, Check, etc.)
Cit.				
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Type*	Date (MM/DI	Date (MM/DD/YYYY) Form (Cash, Check,	
	Refund			
City	State	Zip Code		Amount
	он			
		1		

Page Total \$ <u>346.65</u>

<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.