



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Reynoldsburg Area Democrats PAC			
Full Name of Contributor Heartland Bank		Registration Number, if PAC	
Street Address 6887 E Main St	Type* Refund	Date (MM/DD/YYYY) 02/12/2019	Form (Cash, Check, etc.) EFT
City Reynoldsburg	State OH	Zip Code 43068	Amount 0.56
Full Name of Contributor		Registration Number, if PAC	
Street Address		Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City		Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City		Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City		Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City		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.