31-	A- 2	2
R.C.	3517	7.10(B

Statement of Other Income

Page	1

Prescribed by Secretary of State 2/01

Name of Committee in Full	·		
-ElectCommittee To Re-Elect Judge Ma	iynard		
Full Name			Registration Number, if PAC
Pay Pal			
Address 1840 Embarcaero Rd	Type*		M D Y Amount 1 1 0 2 1 1 \$1.95
City	State	Zip Code	Form (Cash, Check, etc.)
Palo Alto	CA	94303	pay Pal
Full Name			Registration Number, if PAC
Transfer of loans this period from 31-C			
Address	Type* RE		M D Y Amount 1 2 0 9 1 1 \$5,150.00
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*	d Type - S	M D Y Amount
	RE	2.	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*	The state of the s	M D Y Amount
	RE	And the second of the second o	
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
e un Maine			Registration (Miniot), a Tree
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
i un realic			Nog-station / Name of Articles
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	On		Registration Number, if PAC
Address	Type*	and the second	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
C II V	OH		Registration Number, if PAC
Full Name			registration Pulities, il FAC
Address	Type*		M D Y Amount
	RE		
City	Stație OH	Zip Code	Form (Cash, Check, etc.)

5,151.95

Page Total \$

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.