



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Gary Tyack for Prosecutor			
Full Name of Contributor Loan transfer from Form no. 31-C			Registration Number, if PAC
Street Address	Type* Loan Payments Received	Date (MM/DD/YYYY) 12/18/2019	Form (Cash, Check, etc.) Check
City	State OH	Zip Code	Amount \$1,000
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.