



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Sheryl Munson for Judge Committee			
Full Name of Contributor Sheryl Munson (Transfer from Form 31-C)		Registration Number, if PAC	
Street Address 3700 Rivervail Dr.	Type* Loan Payments Received	Date (MM/DD/YYYY) 11/22/2019	Form (Cash, Check, etc.) Elec. Transfer
City Hilliard	State OH	Zip Code 43221	Amount 3000
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 \$ 3000