



Statement of Other Income

Form 31-A-2
R.C. 3517.10(B)

Full Name of Committee			
The Jarrod Skinner for Judge Committee			
Full Name of Contributor		Registration Number, if PAC	
Jarrod Skinner			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
4982 Cadogan Pl.	Loan Payments Received <input type="button" value="v"/>	02/09/2017	Check
City	State	Zip Code	Amount
New Albany	OH	43054	\$1,000
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		

* 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.