



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee				
Bracco For Domestic (over Trage				
Full Name of Contributor			Registration Number, if PAC	
Bob Bracco				
Street Address				Form (Cash, Check, etc.)
Street Address 1170 Old Handelson Rd #109	Refund 293	/ /		check
City () v mov s	State	Zip Code / 93220		Amount
(o/v mbus	ОН			1,000.00
Full Name of Contributor Box Rogeco			Registration Number, if PAC	
Street Address 1 1 17	Type* 3	Date (MM/D	D(YYYY)	Form (Cash, Check, etc.)
Street Address 1170 Old Henderson Ad 109 City City	Refund 2043	05/3	30/2018	check Amount 1, 700.00
City /	State	Zip Code	,	Amount
(0/2mbv3	ОН	y3 220		1,700.00
Full Name of Contributor		Registration Number, if PAC		
eet Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	он			
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
	он			
Full Name of Contributor		Registration Number, if PAC		
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code Amoun		Amount
	он			
	i	1		1

^{*} 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 for payments received on a loan made.