



# Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

<b>Full Name of Committee</b> Morehart for Judge			
Full Name of Contributor Radio One		Registration Number, if PAC	
Street Address 1010 Wayne Ave.	Type* Refund	Date (MM/DD/YYYY) 11/20/2017	Form (Cash, Check, etc.) Check
City Silver Spring	State MD	Zip Code 20910	Amount 18.00
Full Name of Contributor Cindi Morehart		Registration Number, if PAC	
Street Address 98 Grandview Dr.	Type* Loan <del>XXXXXXXXXX</del>	Date (MM/DD/YYYY) 10/19/2017	Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Amount \$11,000.00
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 \$ \$11,0180.00