



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

| | | | |
|---|------------------------|--|--|
| Full Name of Committee Friends of Michael Hroncich | | | |
| Full Name of Contributor Paypal | | Registration Number, if PAC | |
| Street Address 2211 North First Street | Type* Refund | Date (MM/DD/YYYY) 07/03/2019 | Form (Cash, Check, etc.) ACH |
| City San Jose | State CA | Zip Code 95131 | Amount \$0.46 |
| Full Name of Contributor Paypal | | Registration Number, if PAC | |
| Street Address 2211 North First Street | Type* Refund | Date (MM/DD/YYYY) 07/03/2019 | Form (Cash, Check, etc.) ACH |
| City San Jose | State CA | Zip Code 95131 | Amount \$0.20 |
| Full Name of Contributor Kemba | | Registration Number, if PAC | |
| Street Address 110 North High St Hamilton Road | Type* Refund | Date (MM/DD/YYYY) 08/06/2019 | Form (Cash, Check, etc.) ACH |
| City Gahanna | State OH | Zip Code 43230 | Amount \$10.00 |
| Full Name of Contributor Kemba | | Registration Number, if PAC | |
| Street Address 110 North High St Hamilton Road | Type* Refund | Date (MM/DD/YYYY) 08/12/2019 | Form (Cash, Check, etc.) ACH |
| City Gahanna | State OH | Zip Code 43230 | Amount \$10.00 |
| 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 |

* 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.