



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Committee for Judge Hawkins			
Full Name of Contributor On 04-27-2018 Committee for Judge Hawkins wrote a check to		Registration Number, if PAC	
Street Address Susan C. Komen Foundation for \$200 which was	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City not cashed (Check No. 570) (Post-Primary Report)	State OH	Zip Code	Amount
Full Name of Contributor Susan C. Komen Foundation		Registration Number, if PAC	
Street Address 929 Eastwind Drive, 211	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City Westerville	State OH	Zip Code 43081	Amount 200.00
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.