

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee		 			
REELECT JUDGE BROWNE! (RJB)			·	· ·	
Full Name of Contributor			Registration Number, if PAC		
RADIO ONE					
Street Address	Type*	Date (MM/D	DYYYY)	Form (Cash, Check, etc.)	
350 E FIRST AVE	Refund		12/20/2017	DEBIT CARD REVERSAL	
City	State	Zip Code		Amount	
COLUMBUS	ОН	43201		20.00	
Full Name of Contributor		<u>+</u> ,	Registration Number	er, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund	İ			
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor			Registration Number	er, if PAC	
Street Address	Type*	Date (MM/D	D/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	DAYYY)	Form (Cash, Check, etc.)	
·	Refund				
City	State	Zip Code		Amount	
	он			,	
ull 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				

Page Total \$	20.00	 	

^{*} 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.