



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee				
Full Name of Contributor Registration Number, if PAC				
Citizens For Robinette Full Name of Contributor Syrae City Football Supporters Club Street Address Types Types			Registration Number, if FAC	
Street Address	Type*			Torm (Cook Charle ata)
ON D CONT	Refund \$ Cafurd	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
10 60x 0 15		09/1	5/19	Check Amount \$350.00
City	State	Zip Code		Amount
Grove City	ОН	43123		
Full Name of Contributor		Registration Numbe		er, 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	Туре*	Date (MM/D	Date (MM/DD/YYYY) Form (Cash, Check, etc.)	
	Refund	·		
City	State	Zip Code	Zip Code Amount	
	ОН			•
Full Name of Contributor			Registration Number, if PAC	
			r togiou ditor runib	
Street Address	Type*	D-4- (4484/D	200000	Form (Cash, Check, etc.)
- Circuit Address	Refund	Date (MM/DD/YYYY)		Tomi (Casil, Crieck, etc.)
City	State	Zip Code	1704	A
City		Zip Code		Amount
	ОН	<u> </u>		
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	Zip Code Amount	
	ОН			

^{*} 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.