OFFICE OF THE
Ohio Secretary of State

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee
WHITNEY SMITH FOR OHIO

Full Name of Contributor			Registration Number, if PAC
WHITNEY SMITH			
Street Address	**Type***	**Date (MM/DD/YYYY)**	**Form (Cash, Check, etc.)**
711 MOHICAN WAY	Refund	07/01/2018	
City	**State**	**Zip Code**	**Amount**
WESTERVILLE	OH	43081	2500.00
Full Name of Contributor			**Registration Number, if PAC**
Street Address	**Type***	**Date (MM/DD/YYYY)**	**Form (Cash, Check, etc.)**
	Refund		
City	**State**	**Zip Code**	**Amount**
	OH		
Full Name of Contributor			**Registration Number, if PAC**
Street Address	**Type***	**Date (MM/DD/YYYY)**	**Form (Cash, Check, etc.)**
	Refund		
City	**State**	**Zip Code**	**Amount**
	OH		
Full Name of Contributor			**Registration Number, if PAC**
Street Address	**Type***	**Date (MM/DD/YYYY)**	**Form (Cash, Check, etc.)**
	Refund		
City	**State**	**Zip Code**	**Amount**
	OH		
Full Name of Contributor			**Registration Number, if PAC**
Street Address	**Type***	**Date (MM/DD/YYYY)**	**Form (Cash, Check, etc.)**
	Refund		
City	**State**	**Zip Code**	**Amount**
	OH		

* 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 $ 2500.00