



## **Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee			<del></del>	
Citizens for Bob Clark				
				KDAC
Robert David Clark		, , , , , , , , , , , , , , , , , , ,	Registration Number	er, ii PAC
Street Address	Type*	Date (MM/C	22222	Form (Cash, Check, etc.)
370 Old Meadows Ct.	Refund	Date (MM/DI	10/31/2019	
City	State	Zip Code	10/0 //20 .0	Amount
Canal Winchester	OH	43110	1	1,100.00
Full Name of Contributor		737.10	Tanaka Mara	
Full Name of Contributor		1	Registration Number	er, if PAC
Street Address	Type*	Date (MM/DI	20000	Form (Cash, Check, etc.)
0.000.7.00.022	Refund	Date (Inimize	ואדדדון	Funn (Gasii, Gircox, Gio.)
City	State	Zip Code	·	
Chy	State	ZIP COUC		Amount
Full Name of Contributor		'	Registration Number	er, if PAC
Street Address	Type*	Date (MM/DI	D/YYYY)	Form (Cash, Check, etc.)
	Refund		1	
City	State	Zip Code		Amount
	он			
Full Name of Contributor			Registration Number, if PAC	
		1		
Street Address	Type*	Date (MM/D	Date (MM/DD/YYYY) Form (Cash, Check, e	
	Refund			
City	State	Zip Code		Amount
	он			
Full Name of Contributor Registration Number, if PA		er. if PAC		
		•		
Street Address	Type*	Date (MM/DI	DYYYY)	Form (Cash, Check, etc.)
	Refund		,	
City	State	Zip Code		Amount
	ОН			
	1			j

Page Total \$

<sup>\*</sup> 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.