



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee David Young for Judge			
Full Name of Contributor Dublin Coffman Girl's Volleyball		Registration Number, if PAC	
Street Address 6780 Coffman Rd	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) Voided Check
City Dublin	State OH	Zip Code 43017	Amount 50.00
Full Name of Contributor David Rieser		Registration Number, if PAC	
Street Address 2 Miranova Pl, Ste 710	Type* Refund	Date (MM/DD/YYYY) 12/31/2018	Form (Cash, Check, etc.) Voided Check
City Columbus	State OH	Zip Code 43215	Amount 50.00
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.

Page Total \$ 100.00