



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee CITIZENS FOR CHRIS RODRIGUEZ			
Full Name of Contributor CHRIS RODRIGUEZ		Registration Number, if PAC	
Street Address 445 ROBINWOOD AVE	Type* LN <small>Refund</small>	Date (MM/DD/YYYY) 01/19/2017	Form (Cash, Check, etc.) CASH
City WHITEHALL	State OH	Zip Code 43213	Amount 211.63
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* <small>Refund</small>	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* <small>Refund</small>	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* <small>Refund</small>	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* <small>Refund</small>	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 \$ 211.63