

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens to Elect Mike Schadek			
Full Name		Registration Number, if PAC	
Kemba Financial Credit Union			
Address	Type*	M D Y	Amount
555 Officenter Pl	REF	0 1 1 9 1 9	10.00
City	State	Zip Code	Form(Cash,Check,etc)
Gahanna	O H	43230-7370	credit
Full Name		Registration Number, if PAC	
Address	Type*	M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name		Registration Number, if PAC	
Address	Type*	M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name		Registration Number, if PAC	
Address	Type*	M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name		Registration Number, if PAC	
Address	Type*	M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name		Registration Number, if PAC	
Address	Type*	M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name		Registration Number, if PAC	
Address	Type*	M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name		Registration Number, if PAC	
Address	Type*	M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)

\* 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, place the letters 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.