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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Citizens to Elect Mike Schadek								
Full Name			Registra	Registration Number, if PAC				
People for Mayo Makinde					,			
Address	Type*		М	D	Y	Amount	<del>,</del>	
2024 Cleveland Avenue	RIE		0 9	0 1	1 6	ł	100.00	
City	State	Zip Code		ash,Chec				
Columbus	OH	1		Check				
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
					l_	<u> </u>		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name			Registra	Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
				$\perp$	$\perp$			
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
 		<u> </u>						
Full Name			Registra	Registration Number, if PAC				
 	<del></del>				,	<del> </del>		
Address	Type*		M	D	Y	Amount		
	4-4-			_ل_ل				
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
E UN			15 :	Registration Number, if PAC				
Full Name			Registra	nion ivun	ider, ii FA	ic		
Address	Type*		M	D	Y	Amount		
1 Marions	1,500							
City	State	Zip Code	Form(C	ash,Checl	k.etc)			
,				<del>-</del> ,	,,			
Full Name	<del></del>			Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
						}		
City	State	Zip Code	Form(C	ash,Checl	k,etc)			
ull Name			Registra	Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
	. L L							
City	State	Zip Code	Form(C	ash,Checl	k,etc)			
Full Name		Registra	Registration Number, if PAC					
					<del>,</del>			
Address	Type*		M	D	Y	Amount		
				$\perp \perp$				
City	State	Zip Code	Form(C	ash,Checl	k,etc)			

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ \_\_\_\_100.00

<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, place the letters IN for any investment or interest income earned by the committee,