

## 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			
People for Mayo Makinde						
Address	Type*		M	D	Y	Amount
2024 Cleveland Avenue	R   E		0	9	0	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O   H		Check			
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.

Page Total \$ 100.00