

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF WILL SCHUCK									
Full Name PAYPAL						Registration Number, if PAC			
Address 12312 Port Grace Blvd		Type* RE				M	D	Y	Amount \$0.18
City La Vista		State NE		Zip Code 68128		Form (Cash, Check, etc.) EFT			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		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, 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.