## **Statement of Other Income**

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Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF WILL SCHUCK	<u></u>								
Full Name PAYPAL				ion	Number, if PAC				
Address 12312 Port Grace Blvd	Type* RE		,		6		3	Amount \$0.18	
City La Vista	State NE	Zip Code 68128	Form (Ca					E who is	
Full Name				Registration Number, if PAC					
Address	Type* RE	46	M			Y		Amount	
City	Stake OH	Zip Code	Form (Ca	ash	Che	ck, e	te.)		
Full Name			Registrat	ion Number, if PAC				AC	
Address	Type*	*	M	Ê		Y		Amount	
City	Stape OH	Zip Code	Form (C	ash	Che	ck, e	tc.)		
ull Name				Registration Number, if PAC					
Address	Type* RE		М	i 		Y		Amount	
City	State OH	Zip Code	Form (C	ash,	Che	ck, e	tc.)		
Full Name			Registration Number, if PAC						
Address	Type*		M	ĺ		Y		Amount	
City	Siațe –	Zip Code	Form (C.	ash.	Che	ck, e	tc.)		
Full Name					Registration Number, if PAC				
Address	Type* RE		Mi	Î		Y		Amount	
City	State OH	Zip Code	Form (C	ash,	Che	ck, e	etc.)	de,	
Full Name			Registrat	tion	Nun	nber,	if PA	AC .	
Address	Type*		М	į į		ì		Amount	
City	State OH	Zip Code	Form (C	ash,	Che	ck, c	tc.)		
Full Name			Registration Number, if PAC						
Address	Type*		M	Ĺ		,	1	Amount	
City	State OH	Zip Code	Form (C	ash,	Che	ck, e	etc.)		

0.18
Page Total \$ \_\_\_\_\_

<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, IN for any investment or interest income carned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.