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Page	

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Bryan Shoemaker Committee For Honesty, Integrity, & Education							
Full Name	Registration Number, if PAC						
1st Service Federal Credit Union			1	<u> </u>	T. ,		
Address	Туре*		203	D Y	Amount		
100 Main St.		7'. 0.1.	0 8 3	1 0 9	0.01		
Customers		Zip Code	Form(Cash,				
Groveport	$O \mid H \mid$	43125		ash	14.0		
Full Name	Registration	Registration Number, if PAC					
1st Service Federal Credit Union	Tymc*		MI	D Y	Amount		
Address	Type*		100 I	0 0 9	1		
100 Main St.	State	Zip Code	Form(Cash,		0.04		
Crayopart		43125		ash			
Groveport Full Name	$O \mid H$	40140			PAC		
run name			LANGISH ALION	Registration Number, if PAC			
Address	Type*		M	D Y	Amount		
Addiess	Турс		141		1 mount		
City	State	Zip Code	Form(Cash,	Check etc)			
City	State	Zip Couc	1 Oim(Casil,	CHOCK, CIO)			
Full Name			Registration	Number, if I	PAC		
ruii Name					-		
Address	Type*		M	D Y	Amount		
	,,						
City	State	Zip Code	Form(Cash,	Check,etc)			
	RADAGA FE	-					
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*		М	D Y	Amount		
l							
City	State	Zip Code	Form(Cash,	Check,etc)			
				•			
Full Name			Registration	n Number, if	PAC		
Address	Type*		M	D Y	Amount		
City	State	Zip Code	Form(Cash,	,Check,etc)			
Full Name				Registration Number, if PAC			
Address	Туре*		М	D Y	Amount		
City	State	Zip Code	Form(Cash,	,Check,etc)			

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

Page Total \$	0.05
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^{*} 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,