

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 1st Service Federal Credit Union						Registration Number, if PAC			
Address 100 Main St.		Type* 				M 0	D 8	Y 3	Amount 0.01
City Groveport		State O H		Zip Code 43125		Form(Cash,Check,etc) Cash			
Full Name 1st Service Federal Credit Union						Registration Number, if PAC			
Address 100 Main St.		Type* 				M 0	D 9	Y 3	Amount 0.04
City Groveport		State O H		Zip Code 43125		Form(Cash,Check,etc) Cash			
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 \$ 0.05