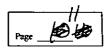
Statement of Other Income



Prescribed by Secretary of State 2/01

V	1		
Schottke for 6C			
Roby Schottko			Registration Number, if PAC
Name of Committee in Full Schottke For GC Full Name Roby Schottke Address 4912 Mc Wulty St. City City Corove City Full Name Full Name	LN LN		M D Y Amount 0324151,000
GROVE CITY	State OH	7.ip Code 43/22	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	Zíp 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.)

Page Total \$ 1000.00

^{*} 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.