

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Schottke for GC					
Full Name			Registration Number, if PAC		
Roby Schottke					
Address		Type*	M	D	Y
4912 McNulty St.		LN	03	24	15
City		State	Zip Code		Amount
Grove City		OH	43123		1,000
Form (Cash, Check, etc.)					
CK					
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Zip Code		Amount
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.