

Page_	1	

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Citizens for Maria Klemack	<del></del>		In :	tion No.	And ten	A.C.		
Full Name			Kegistra	ition Nun	nder, if P.	AC.		
Heartland Bank			9 74	Ь	Lv	I A moure		
Address	Type*		M	D	Y	Amount	25.00	
850 N. Hamilton Rd	$R \mid E$			2   5		· .	25.00	
City	State Zip Code		Form(Cash,Check,etc) Reversed Charge					
Gahana	O : h	O h 43230			Registration Number, if PAC			
Full Name			Registra	ition Nun	nber, H P.	AC		
Address	Type*		. М 	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)			,	4	
Full Name	l		Registra	Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
	<b>I</b> "1	•	٠.					
City	State	Zip Code	Form(C	ash,Chec	k,etc)		:	
	:							
Full Name			Registra	ition Nun	nber, if P	AC		
Address	Type*		M	D	Y	Amount	,	
		And the second	, !					
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				
Full Name			Registra	Registration Number, if PAC				
Address	Туре*	s and the second	М	D	Y	Amount		
			1		ļ	ŀ		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
	!							
Full Name			Registra	egistration Number, if PAC				
Address	Type*	1 50 M. 10 T	М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)		T.	
	<u></u>							
Full Name			Registra	Registration Number, if PAC				
Address	Туре*		М	D	Y	Amount		
	<u> </u>					<u></u>		
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				
Full Name			Registra	ation Nur	nber, if P			
Address	Type*	421.44.5.3	М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
		<del></del>	33.5			la dalamia and		

\* 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 \$ 25.00