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R.	C.	351	7.	10(B)

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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Committee to Re-Elect Marc Schare			
Full Name			Registration Number, if PAC
Marc Schare			
Address	Type*		M D Y Amount
2113 Selbourne Ct	LIN		0 3 1 1 1 3 10,000.00
City	State	Zip Code	Form(Cash,Check,etc)
Dublin	OH	43016	Transfer .
Full Name		•	Registration Number, if PAC
Address	Type*		M D Y Amount
)	i "i	•	
City	State	Zip Code	Form(Cash,Check,etc)
	1	Lap cour	Total (Casi, Check, etc.)
Full Name	<u> </u>	<u>!</u>	D-d-d-Ab-b- isnac
ran Nane			Registration Number, if PAC
A 44	T 4		M D V 1
Address	Type*	* •	M D Y Amount
	<u> </u>		
City	State	Zip Code	Form(Cash,Check,etc)
Full Name			Registration Number, if PAC
1			
Address	Type*		M D Y Amount
	1		
City	State	Zip Code	Form(Cash,Check,etc)
	1 i		
Full Name		ı	Registration Number, if PAC
Address	Type*		M D Y Amount
	1 ~:		
City	State	Zip Code	Form(Cash,Check,etc)
City	1	Special	i sim(cusi, checique)
Full Name	!!		Registration Number, if PAC
rui Name			registration runner, it is no
Address	Tomat		M D Y Amount
Addiess	Type*		
	<del> </del>		
City	State	Zip Code	Form(Cash,Check,etc)
	<u> </u>		
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
			1
Address	Type*		M D Y Amount
	j		
City	State	Zip Code	Form(Cash,Check,etc)
<u> </u>	1	,	
	1 1	I	

<sup>\*</sup> 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.