

# Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full <u>Schottke for Ge</u>				
Full Name <u>Roby Schottke</u>			Registration Number, if PAC	
Address <u>4912 McNulty St.</u>	Type* <u>LN</u>	M <u>1</u>	D <u>0</u>	Y <u>19</u>
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>	Amount <u>\$750.<sup>00</sup></u>	
Form (Cash, Check, etc.) <u>Check</u>				

Full Name				
Address			Registration Number, if PAC	
Type*			M	D
City			Y	Amount
State			Form (Cash, Check, etc.)	
Zip Code				

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Type*			M	D
City			Y	Amount
State			Form (Cash, Check, etc.)	
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Type*			M	D
City			Y	Amount
State			Form (Cash, Check, etc.)	
Zip Code				

\* 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.

Page Total \$ 750.<sup>00</sup>