

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for UA Schools							
Full Name United States Postal Service					Registration Number, if PAC		
Address 2825 Lone Parkway		Type* RE		M 1	D 2	Y 2	Amount \$126.97
City Eagan		State MN	Zip Code 55121	Form (Cash, Check, etc.) Check			
Full Name					Registration Number, if PAC		
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC		
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC		
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC		
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC		
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC		
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC		
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	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.

Page Total \$ 126.97