

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CITIZENS FOR STEPHANIE KUNZE</b>									
Full Name <b>Stephanie Kunze</b>					Registration Number, if PAC				
Address <b>5994 Farmcreek Court</b>			Type* <b>LN</b>		M <b>0</b>			D <b>2</b>	
					Y <b>0</b>			Amount <b>\$400.00</b>	
City <b>Hilliard</b>			State <b>OH</b>		Zip Code <b>43026</b>			Form (Cash, Check, etc.) <b>check</b>	
Full Name					Registration Number, if PAC				
Address			Type* <b>RE</b>		M			D	
					Y			Amount	
City			State <b>OH</b>		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* <b>RE</b>		M			D	
					Y			Amount	
City			State <b>OH</b>		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* <b>RE</b>		M			D	
					Y			Amount	
City			State <b>OH</b>		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* <b>RE</b>		M			D	
					Y			Amount	
City			State <b>OH</b>		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* <b>RE</b>		M			D	
					Y			Amount	
City			State <b>OH</b>		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* <b>RE</b>		M			D	
					Y			Amount	
City			State <b>OH</b>		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* <b>RE</b>		M			D	
					Y			Amount	
City			State <b>OH</b>		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 \$ **400.00**