

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens to Elect Mike Schadek							
Full Name Radio One, Columbus				Registration Number, if PAC			
Address 350 East 1st Avenue, Ste. 100		Type* R E		M 1 1	D 2 8	Y 1 4	Amount 475.00
City Columbus		State O H		Zip Code 43201		Form(Cash,Check,etc) Check	
Full Name Committee to Elect James W. Brown							
Address 580 South High Street, #200		Type* R E		M 1 1	D 0 2	Y 1 4	Amount 107.50
City Columbus		State O H		Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name							
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name							
Address		Type*		M	D	Y	Amount
City		State		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, 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.