

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF WILL SCHUCK					
Full Name PAYPAL				Registration Number, if PAC	
Address 12312 Port Grace Blvd		Type* RE	M D Y 0 3 0 6 1 3		Amount \$0.18
City La Vista		State NE	Zip Code 68128		Form (Cash, Check, etc.) EFT
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
		RE			
City		State	Zip Code		Form (Cash, Check, etc.)
		OH			
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
		RE			
City		State	Zip Code		Form (Cash, Check, etc.)
		OH			
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
		RE			
City		State	Zip Code		Form (Cash, Check, etc.)
		OH			
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
		RE			
City		State	Zip Code		Form (Cash, Check, etc.)
		OH			
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
		RE			
City		State	Zip Code		Form (Cash, Check, etc.)
		OH			
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
		RE			
City		State	Zip Code		Form (Cash, Check, etc.)
		OH			
Full Name					
Registration Number, if PAC					
Address		Type*	M D Y		Amount
		RE			
City		State	Zip Code		Form (Cash, Check, etc.)
		OH			

* 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.