Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full	-	
Committee to Elect Stephen M. Clca	ak	
Full Name Stephen M. Cicak		Registration Number, if PAC
Address	Type*	M D Y Amount
6866 Roundelay Rd N	LN 🔽	0 3 1 4 1 7 \$1,000.00
City Reynoldsburg	State Zip Code OH 43068	Form (Cash, Check, etc.)
Full Name	0.11	Registration Number, if PAC
Stephen M. Cicak		
Address	Туре*	M D Y Amount
6866 Roundelay Rd N	LN 🔻	0 3 3 1 1 7 \$975.00
City Reynoldshurg	State Zip Code OH 43068	Form (Cash, Check, etc.) Cash
Reynoldsburg Full Name	UT 43068	Registration Number, if PAC
		,
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
Full Name	OH	Registration Number, if PAC
Address	Туре*	M D Y Amount
	RE _	
City	State Zip Code	Form (Cash, Check, etc.)
Enil Norse	OH	Parietation Number 1994
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
	RE _	
City	State Zip Code	Form (Cash, Check, etc.)
DUN	OH	Decided Made (SP)
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
	RE _	
City	State Zip Code	Form (Cash, Check, etc.)
E UN.	OH	Paristerior V. 1. 1001 C
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	

1,975.00
Page Total \$____

^{*} 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.