

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee to Elect Stephen M. Cicak							
Full Name				Registration Number, if PAC			
Stephen M. Cicak							
Address		Type*		M	D	Y	Amount
6866 Roundelay Rd N		LN		0	3	1	\$1,000.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Reynoldsburg		OH	43068	cash			
Full Name				Registration Number, if PAC			
Stephen M. Cicak							
Address		Type*		M	D	Y	Amount
6866 Roundelay Rd N		LN		0	3	3	\$975.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Reynoldsburg		OH	43068	cash			
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					