

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Cornell Robertson									
Full Name Cornell Robertson					Registration Number, if PAC				
Address 5434 Schatz Lane		Type* L N		M D Y		Amount			
City Hilliard		State O H		Zip Code 43026		Form(Cash,Check,etc) Check		200.00	
Full Name Cornell Robertson					Registration Number, if PAC				
Address 5434 Schatz Lane		Type* L N		M D Y		Amount			
City Hilliard		State O H		Zip Code 43026		Form(Cash,Check,etc) Check		500.00	
Full Name Cornell Robertson					Registration Number, if PAC				
Address 5434 Schatz Lane		Type* L N		M D Y		Amount			
City Hilliard		State O H		Zip Code 43026		Form(Cash,Check,etc) Check		200.00	
Full Name Chase Bank, Branch 000867					Registration Number, if PAC				
Address 1600 Hilliard Rome Road		Type* I N		M D Y		Amount			
City Hilliard		State O H		Zip Code 43026		Form(Cash,Check,etc) Check		0.75	
Full Name					Registration Number, if PAC				
Address		Type*		M D Y		Amount			
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address		Type*		M D Y		Amount			
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address		Type*		M D Y		Amount			
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
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.