31-A-2
R.C. 3517.10(B)

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
O'Shaughnessy Committee							
Full Name: Chase Bank				Registration Number, if PAC:			
Address: P.O. Box 659754	Type*: I N		M: 12	D: 31	Y: 15	Amount: 0.05	
City: San Antonio	State: TX	Zip Code: 78265	Form(Cash,Check,etc): eft				
Full Name: Jane M. O'Shaughnessy				Registration Number, if PAC:			
Address: 280 Fairlawn Dr.	Type*: L N		M: 10	D: 01	Y: 15	Amount: 250.00	
City: Columbus	State: OH	Zip Code: 43214	Form(Cash,Check,etc): check				
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):				
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.

Page Total $ 250.05