

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Accountability and Results in Education							
Full Name First Bank of Bexley				Registration Number, if PAC			
Address 2680 East Main St		Type* IN		M 0	D 6	Y 3	Amount \$1.54
City Bexley, Oh 43209		State OH		Zip Code 43209		Form (Cash, Check, etc.) Cash	
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH		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, 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.