

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 0	D 9	Y 3	Amount 0.06
City San Antonio		State T X		Zip Code 78265		Form(Cash,Check,etc) eft	
Full Name Ancient Order of Hibernians				Registration Number, if PAC			
Address 274 East Innis Ave.		Type* R E		M 0	D 9	Y 0	Amount 50.00
City Columbus		State O H		Zip Code 43207		Form(Cash,Check,etc) void 1113	
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.