Page1

Statement of Other Income

Prescribed by Secretary of State 2/01

by 60 (1) 1 B 11								
Name of Committee in Full								
Friends of Cornell Robertson			1= 7				- -	
Full Name			Registra	ation Nun	nber, if PA	AC .		
Chase Bank, Branch 000867					-	,		
Address	Type*		M	D	Y	Amount		
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Full Name	Registration Number, if PAC							
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Full Name		<u> </u>	Pagistro	stion Num	nber, if PA	C		
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City	State	Zip Code	rom(C	asn,Cnec	K,etc)			
Full Name			Registra	tion Nun	nber, if PA	C.		
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
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* 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 \$	0.09
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