Statement of Other Income

Page 3

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Full Name			
CHASE BANK			Registration Number, if PAC
Address	Type*		M D Y Amount
2660 E. MAIN	RE		1 2 3 1 1 3 \$0.76
City	State	Zip Code	Form (Cash, Check, etc.)
COLUMBUS Full Name	ОН	43209	
CHASE BANK			Registration Number, if PAC
Address	Tyipe*		M D Y Amount
2660 E. MAIN	RE	· · ·	0 2 2 8 1 4 \$0.84
City	Stage	Zip Code	Form (Cash, Check, etc.)
COLUMBUS Full Name	OH	43209	
a un traine		•	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	Stage _	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		Registration Number, if PAC
			regisuation reliabel, it FAC
Address	Type*		M D Y Amount
	RE _		
City	Stake	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		Registration Number, if PAC
Address	Type*		M D Y Amount
C:-	RE		
City	Stajie OH	Zip Code	Form (Cash, Check, etc.)
Full Name	011		Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE	Zip Code	Form (Cach Charlestee)
City	OH Staire	Zip Code	Form (Cash, Check, etc.)
Full Name	· · · · · · · · · · · · · · · · · · ·	.1	Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE Stake	Zip Code	Form (Cash, Check, etc.)
	LOH _	.,	Torri (call, call, call)
Full Name		·	Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	Starie	Zip Code	Form (Cash, Check, etc.)
	ОН.		

1.60

Page Total \$

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.