Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Central Ohio Realtors Political Action Comm	ittee		
Full Name			Registration Number, if PAC
PNC Bank			
Address P.O. Box 609	Type*		M D Y Amount
City	IN		0 1 3 1 1 6 \$0.01
Pittsburgh	State PA	Zip Code 15230	Form (Cash, Check, etc.)
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			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
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	OH	Zip Code	Form (Cash, Check, etc.)
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City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
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Address	Type*		M D Y Amount
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Address	Type*		M D Y Amount
10.	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
full Name	OH		
			Registration Number, if PAC
Address	Type*		M I D I V
	RE		M D Y Amount
City	State -	Zip Code	Form (Cash, Check, 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, 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.