31-	A-2)
R.C.	3517.	10(B

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 Committee		
Full Name	·		Registration Number, if PAC
PNC Bank			
Address	Type*		M D Y Amount
P.O. Box 609	IN		0 4 3 0 1 5 \$0.02
City		Zip Code	Form (Cash, Check, etc.)
Pittsburgh	PA	15230	
Full Name			Registration Number, if PAC
PNC Bank Address			
P.O. Box 609	Type*		M D Y Amount
City	IN Suda		0 5 3 1 1 5 \$0.01
Pittsburgh	State Z	Zip Code	Form (Cash, Check, etc.)
Full Name		15230	
			Registration Number, if PAC
Address	Type*		M D Y Amount
I	RÉ		
City		Zip Code	Form (Cash, Check, etc.)
	OH	• • •	rom (cash, check, etc.)
Fuli Name		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City		ip Code	Form (Cash, Check, etc.)
Full Name	OH_		Form (Cash, Check, etc.)
ruit Name		"	Registration Number, if PAC
Address			
	Type*		M D Y Amount
City	RE State Z	ip Code	
	OH	sp Code	Form (Cash, Check, etc.)
full Name			Registration Number, if PAC
			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		2 Zinoun
City		ip Code	Form (Cash, Check, etc.)
	OH		
ull Name		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
ddress	Туре*		M D Y Amount
ity	RE		
ny	'	p Code	Form (Cash, Check, etc.)
uli Name			
. Tearre			Registration Number, if PAC
ddress	T .		
	Type*		M D Y Amount
ty	RE		
•	1 1	p Code	Form (Cash, Check, etc.)
· · · · · · · · · · · · · · · · · · ·	OH OH		1.0

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.