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## Statement of Other Income

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Page	1	_	

Prescribed by Secretary of State 2/01

Name of Committee in Full		<del> </del>	
Central Ohio Realtors Political Action Co	mmittee		
Full Name	Registration Number, if PAC		
PNC Bank			
Address	Type*		-7   ,     12010001
P.O. Box 609	IN		0  1  3  1  1  6   \$0.01
City Pittsburgh	State PA	Zip Code 15230	Form (Cash, Check, etc.)
Full Name	PA	15230	D. C. V. J. C.
			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
ruii ivaine	Registration Number, if PAC		
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
I un Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Fuil Name	OH		Registration Number, if PAC
Turname			Registration Number, 11 PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Designation Number (SDAG
Pur Name			Registration Number, if PAC
Address	Type*	-	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	LOH		Registration Number, if PAC
	_		The state of the s
Address	Type*		M D Y Amount
	_RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

0.01

<sup>\*</sup> 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.