

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Central Ohio Political Action Committee									
Full Name PNC Bank						Registration Number, if PAC			
Address P.O. Box 609		Type* IN				M 0	D 6	Y 3	Amount \$0.02
City Pittsburgh		State PA		Zip Code 15230		Form (Cash, Check, etc.)			
Full Name PNC Bank						Registration Number, if PAC			
Address P.O. Box 609		Type* IN				M 0	D 7	Y 3	Amount \$0.01
City Pittsburgh		State PA		Zip Code 15230		Form (Cash, Check, etc.)			
Full Name PNC Bank						Registration Number, if PAC			
Address P.O. Box 609		Type* IN				M 0	D 8	Y 3	Amount \$0.02
City Pittsburgh		State PA		Zip Code 15230		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* IN				M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			

* 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.