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

Statement of Other Income

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	1	
Page		
1		

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Central Ohio Political Action Committee			
Full Name			Registration Number, if PAC
PNC Bank			
Address	Type*		M D Y Amount
P.O. Box 609	l IN		0 6 3 0 1 5 \$0.02
City	State	Zip Code	Form (Cash, Check, etc.)
Pittsburgh	PA	15230	
Full Name		<u>-</u>	Registration Number, if PAC
PNC Bank	··		
Address	Type		M D Y Amount
P.O. Box 609 City	<u> </u> IN _		0 7 3 1 1 5 \$0.01
	State	Zip Code	Form (Cash, Check, etc.)
Pittsburgh Full Name	PA	15230	I Burling Manager 1970
PNC Bank			Registration Number, if PAC
Address	Type*		M D Y Amount
P.O. Box 609	IN	1	0 8 3 1 1 5 \$0.02
City	State	Zip Code	Form (Cash, Check, etc.)
Pittsburgh	PA	15230	
Full Name	<u> </u>	<u> </u>	Registration Number, if PAC
Address	Type		M D Y Amount
	IN		
City	State	Zip Code	Form (Cash, Check, etc.)
	<u> </u>		
Full Name			Registration Number, if PAC
Address	Type		M D Y Amount
	RE	lai o i	
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		Registration Number, if PAC
I di i vane			Registration Number, 11 PAC
Address	Type		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
·	ОН		
Full Name	1	!	Registration Number, if PAC
Address	Type		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	<u> </u>		
Full Name			Registration Number, if PAC
	· · · · · · · · · · · · · · · · · · ·		
Address	Type*		M D Y Amount
	LRE _		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	1	

0.05

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.