

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens Committee for Persons with D.D.								
Full Name Net Earnings from Chase Bank Investments					Registration Number, if PAC			
Address P.O. Box 260180		Type* I N			M 1	D 2	Y 3	Amount 360.95
City Baton Rouge		State L A	Zip Code 70826-0180		Form (Cash, Check, etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc)			
Full Name					Registration Number, if PAC			
Address		Type*			M	D	Y	Amount
City		State	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; place the letters 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.

Page Total \$ 360.95