

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Full Name CHASE BANK						Registration Number, if PAC				
Address LOCKBOURNE ROAD			Type* RE				M	D	Y	Amount \$0.44
City COLUMBUS			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.)			
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.