

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR WRIGHT			
Full Name CHASE BANK		Registration Number, if PAC	
Address 130 N. HAMILTON RD	Type* RE	M 0	D 1
City GAHANNA	State OH	Y 3	Amount \$15.00
Zip Code 43230		Form (Cash, Check, etc.) CREDIT	
Full Name		Registration Number, if PAC	
Address		M	D
Type* RE		Y	Amount
City		Form (Cash, Check, etc.)	
State OH			
Zip Code			
Full Name		Registration Number, if PAC	
Address		M	D
Type* RE		Y	Amount
City		Form (Cash, Check, etc.)	
State OH			
Zip Code			
Full Name		Registration Number, if PAC	
Address		M	D
Type* RE		Y	Amount
City		Form (Cash, Check, etc.)	
State OH			
Zip Code			
Full Name		Registration Number, if PAC	
Address		M	D
Type* RE		Y	Amount
City		Form (Cash, Check, etc.)	
State OH			
Zip Code			
Full Name		Registration Number, if PAC	
Address		M	D
Type* RE		Y	Amount
City		Form (Cash, Check, etc.)	
State OH			
Zip Code			
Full Name		Registration Number, if PAC	
Address		M	D
Type* RE		Y	Amount
City		Form (Cash, Check, etc.)	
State OH			
Zip Code			
Full Name		Registration Number, if PAC	
Address		M	D
Type* RE		Y	Amount
City		Form (Cash, Check, etc.)	
State OH			
Zip Code			
Full Name		Registration Number, if PAC	
Address		M	D
Type* RE		Y	Amount
City		Form (Cash, Check, etc.)	
State OH			
Zip Code			

* 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.