

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full O'Shaughnessy Committee									
Full Name Chase Bank					Registration Number, if PAC				
Address P.O. Box 182051			Type* I N		M 1	D 2	Y 3	Amount 0.06	
City Columbus			State O H		Zip Code 43218		Form(Cash,Check,etc) eft		
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.