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R	.c	. 35	17,	10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Brennan for Mayor			
Full Name Chase Bank			Registration Number, if PAC
Address	Type*	•	M D Y Amount
100 East Broad Street	IN		1 2 3 1 1 0 \$0.58
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
i die svalue			
Address	Type		M D Y Amount
C'.	RE	Zin Code	Form (Cash Charle ata)
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	0.7	<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
Address	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Participation Number 16 DAC
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
c:	RE Stake	Zip Code	Form (Cash, Check, etc.)
City	OH	22p Code	Tom Cash, Check, Co.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
i un ivaine			
Address	Type*		M D Y Amount
0.	RE Sum	Zip Code	Form (Cash, Check, etc.)
City	State OH	Στήν Code	1 onti (Casil, Circon, cic.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

^{*} 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.