

Statement of Other Income

Prescribed by Secretary of State 8/95

Name of Committee in Full Citizens Committee for Persons with Mental Retardation									
Full Name Amtrust Bank Savings Account						Registration number, if PAC			
Address P.O. Box 94506		Type* I N				M 1	D 2	Y 3	Amount 721.39
City Cleveland		State OH		Zip Code 44101		Form (Cash, Check, etc.) Bank Interest			
Full Name Chase Bank CDs & Money Market Accounts						Registration number, if PAC			
Address P.O. Box 260180		Type* I N				M 1	D 2	Y 3	Amount 6048.39
City Baton Rouge		State LA		Zip Code 70826		Form (Cash, Check, etc.) Bank Statements			
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.

Page Total \$ **6769.78**