31-A-2
R.C. 3517.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Citizens Committee for Persons with D.D.

Full Name			Registration Number, if PAC			
Net Earnings from Chase Bank Investments						
Address	Type*		M	D	Y	Amount
P.O. Box 260180	I N		12	31	12	197.56
City	State	Zip Code	Form (Cash, Check, etc)			
Baton Rouge	LA	70826-0180				
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.

Page Total $ 197.56