

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens Against Rezoning Tremont							
Full Name Chase Bank				Registration Number, if PAC			
Address Kingsdale Branch		Type* IN		M D Y 1 0 0 7 0 8		Amount \$50.00	
City Upper Arlington,		State OH		Zip Code 43221		Form (Cash, Check, etc.) cash	
Full Name Chase Bank				Registration Number, if PAC			
Address Kingsdale Branch		Type* IN		M D Y 1 0 3 1 0 8		Amount \$0.10	
City Upper Arlington,		State OH		Zip Code 43221		Form (Cash, Check, etc.) cash	
Full Name				Registration Number, if PAC			
Address		Type*		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M D Y		Amount	
City		State OH		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address		Type*		M D Y		Amount	
City		State OH		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, 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.