Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens Against Rezoning Tremont			
Full Name		A CASA SERVICE AND	Registration Number, if PAC
Chase Bank			
Address Kingsdale Branch	Tvhe*		M D Y Amount 1 0 0 7 0 8 \$50.00
City Lippor Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.)
Upper Arlington,	OH	70221	Registration Number, if PAC
Full Name Chase Bank			Registration Number, it is
Address	Type*		M D Y Amount
Kingsdale Branch	IN		1 0 3 1 0 8 \$0.10
City	State	Zip Code	Form (Cash, Check, etc.)
Upper Arlington,	ОН	43221	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*	Company of the Compan	M D Y Amount
City	Stafte OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
OV.	Stoke	Zip Code	Form (Cash, Check, etc.)
City	State OH	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.)
	ОН	-	

50.10

Page Total \$

^{*} 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.