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Statement of Other Income

Prescribed by Secretary of State 2/01

V 00 % 10 H									
Name of Committee in Full Exicands of Commoll Pohortoon									
Friends of Cornell Robertson Full Name		<u> </u>	Ragistro	tion Num	ber, if PA	C	_		
			Registra	HIME HOLL	oer, ii i'/				
Chase Bank, Branch 000867 Address	Type*		М	D	Y	Amount			
1600 Hilliard Rome Road	IN		0 1	2 9	1 6		0.02		
City Hilliard	State O H	Zip Code 43026		ash,Check Chec					
Full Name	1 () 1 11	10020			ber, if PA	i.C			
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Address	Type*		M	D 	Y	Amount			
City	State	Zip Code	Form(Ca	ash,Checl	(,etc)				
Full Name			Registra	tion Num	ber, if PA	iC			
Address	Type*		М	Đ	Y	Amount			
City	State	Zip Code	Form(Ca	ash Checl	k,etc)				
Full Name	<u>, , , , , , , , , , , , , , , , , , , </u>		Registra	tion Num	ber, if PA	AC .			
Address	Туре*		M 	D	Y	Amount			
City	State	Zip Code	Form(Ca	ash,Checi	k,etc)				
Full Name			Registra	ntion Num	ber, if P/	NC .			
Address	Type*	•	м	D	Y	Amount			
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
Full Name				Registration Number, if PAC					
Address	Type*		М	D	Y	Amount			
City	State	Zip Code		ash,Chec					
Full Name	Name				Registration Number, if PAC				
Address	Type*		M 	D	Y	Amount			
City	State	Zip Code		Form(Cash,Check,etc)					
Full Name					nber, if Pa				
Address	Type*		М	D	Y	Amount			
City	State	Zip Code	Form(C	Cash,Chec	k,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 \$	0.02
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