

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Cornell Robertson										
Full Name Chase Bank, Branch 000867						Registration Number, if PAC				
Address 1600 Hilliard Rome Road			Type* I N				M 0	D 1	Y 2	Amount 0.02
City Hilliard			State O H		Zip Code 43026		Form(Cash,Check,etc) Check			
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.