

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Citizens for Accountability and Results in Education						
Full Name			Registration Number, if PAC			
First Bank of Bexley						
Address	Type*		M	D	Y	Amount
	IN		0	7	2	\$2.50
City	State	Zip Code	Form (Cash, Check, etc.)			
Bexley	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					

* 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.

Page Total \$ 2.50