Statement of Other Income

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Friends of Cornell Robertson			
Full Name		***************************************	Registration Number, if PAC
Chase Bank			
Address	Type*		M D Y Amount
1600 Hilliard Rome Road	RE		0 4 3 0 1 7 \$0.05
City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	
Full Name		<u></u> ,	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name	<u> </u>		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН	•	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RÉ		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		(3,111,111,111,111,111,111,111,111,111,1
Full Name	011	<u> </u>	Registration Number, if PAC
· · · · · · · · · · · · · · · · · · ·			Togistation (anios), 11770
Address	Type*		M D Y Amount
	RE		
City	State _	Zip Code	Form (Cash, Check, etc.)
	OH	Lip cour	Torm (cash, chook, stell)
Full Name	011		Registration Number, if PAC
			, in the second
Address	Type*		M D Y Amount
, 1.43-505	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
City	OH	Zip Code	Tom (Cash, Check, etc.)
Full Name	OII		Registration Number, if PAC
r un realie			Registration Number, if FAC
Address	Type*		M D Y Amount
Address	1 '		Amount
City	RE	Zin Code	
City	State	Zip Code	Form (Cash, Check, etc.)
T (1)	_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.

O.05

Page Total \$