

Statement of Other Income

Prescribed by Secretary of State 2/01

Page _____

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|------------------------------|--|-------|----------|-----------------------------|---|---|
| Name of Committee in Full | | | | | | |
| Friends of Cornell Robertson | | | | | | |
| Full Name | | | | Registration Number, if PAC | | |
| Chase Bank | | | | | | |
| Address | | Type* | | M | D | Y |
| 1600 Hilliard Rome Road | | RE | | 0 | 4 | 3 |
| City | | State | Zip Code | | | |
| Hilliard | | OH | 43026 | | 0 | 1 |
| | | | | Amount | | |
| | | | | \$0.05 | | |
| Form (Cash, Check, etc.) | | | | | | |
| Full Name | | | | | | |
| Registration Number, if PAC | | | | | | |
| Full Name | | | | Registration Number, if PAC | | |
| Chase Bank | | | | | | |
| Address | | Type* | | M | D | Y |
| | | RE | | | | |
| City | | State | Zip Code | | | |
| | | OH | | | | |
| | | | | Amount | | |
| | | | | | | |
| Form (Cash, Check, etc.) | | | | | | |
| Full Name | | | | | | |
| Registration Number, if PAC | | | | | | |
| Full Name | | | | Registration Number, if PAC | | |
| Chase Bank | | | | | | |
| Address | | Type* | | M | D | Y |
| | | RE | | | | |
| City | | State | Zip Code | | | |
| | | OH | | | | |
| | | | | Amount | | |
| | | | | | | |
| Form (Cash, Check, etc.) | | | | | | |
| Full Name | | | | | | |
| Registration Number, if PAC | | | | | | |
| Full Name | | | | Registration Number, if PAC | | |
| Chase Bank | | | | | | |
| Address | | Type* | | M | D | Y |
| | | RE | | | | |
| City | | State | Zip Code | | | |
| | | OH | | | | |
| | | | | Amount | | |
| | | | | | | |
| Form (Cash, Check, etc.) | | | | | | |
| Full Name | | | | | | |
| Registration Number, if PAC | | | | | | |
| Full Name | | | | Registration Number, if PAC | | |
| Chase Bank | | | | | | |
| Address | | Type* | | M | D | Y |
| | | RE | | | | |
| City | | State | Zip Code | | | |
| | | OH | | | | |
| | | | | Amount | | |
| | | | | | | |
| Form (Cash, Check, etc.) | | | | | | |
| Full Name | | | | | | |
| Registration Number, if PAC | | | | | | |
| Full Name | | | | Registration Number, if PAC | | |
| Chase Bank | | | | | | |
| Address | | Type* | | M | D | Y |
| | | RE | | | | |
| City | | State | Zip Code | | | |
| | | OH | | | | |
| | | | | Amount | | |
| | | | | | | |
| 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, 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 \$

0.05