3	١	-	A٠	-2		
R	L.C	Ξ.	35	17.1	10(B

Statement of Other Income Prescribed by Secretary of State 2/01

	4		
Page	<u> </u>		

Name of Committee in Full			
Central Ohio Political Action Committ	tee		
Full Name			Registration Number, if PAC
PNC Bank			
Address	Туре*	The same of the sa	M D Y Amount
P.O. Box 609	IN State	7:- Chi	1 0 3 1 1 1 \$9.25
City Pittsburgh	State PA	Zip Code 15230	Form (Cash, Check, etc.)
Full Name		10700	Registration Number, if PAC
PNC Bank			
Address	Туре*	1 20 #	M D Y Amount
P.O. Box 609	IN		1 1 3 1 1 1 \$8.76
City	State	Zip Code	Form (Cash, Check, etc.)
Pittsburgh	PA	15230	The second second
Full Name			Registration Number, if PAC
		! ! do, = 500	M D M
Address	Type*		Amount Y
City	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH		(Carrier Chount Chount
Full Name		<u> </u>	Registration Number, if PAC
Address	Type*	the state of the s	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Paris Visit Control
Full Name		•	Registration Number, if PAC
Address			M D Y Amount
	RE	Supply de	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Fuil Name	<u> </u>		Registration Number, if PAC
			,
Address	Type*	and the state of the	M D Y Amount
Cit.	RE	Zip Code	Form (Cash, Check, etc.)
City	State OH	Eip Couc	- M
Full Name		_ !	Registration Number, if PAC
Address	Туре*	The state of the s	M D Y Amount
	RE	The state of the s	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	_	
Full Name		•	Registration Number, if PAC
Address	Туре*	I was seen than the second	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH.		

18.01 Page Total \$

^{*} 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.