

# Statement of Other Income

Prescribed by Secretary of State 8/95

Name of Committee in Full									
Citizens Committee for Persons with M.R.									
Full Name						Registration number, if PAC			
Chase Bank									
Address		Type*				M	D	Y	Amount
		IN				03	03	08	115.37
City		State	Zip Code		Form (Cash, Check, etc.)				
Columbus		OH	43215		Check				
Full Name						Registration number, if PAC			
Chase Bank									
Address		Type*				M	D	Y	Amount
		IN				02	25	08	760.23
City		State	Zip Code		Form (Cash, Check, etc.)				
Columbus		OH	43215		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.)				

\* 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.

Page Total \$ 875.60