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

Page _3

Name of Committee in Full			
Citizens for UA Schools			
Full Name United States Postal Service			Registration Number, if PAC
Address	Type*		M D Y Amount
2825 Lone Parkway	RE		M 2 2 8 1 2 S126.97
City	State	Zip Code	Form (Cash, Check, etc.)
Eagan	MN	55121	Check
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE _	Zin Code	Francisco Charles and
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name		 	Registration Number, if PAC
1277			
Address	Tyʻpe*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
rui Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE _		4
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
0.4	RE	7.0	
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	011	<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	On		Registration Number, if PAC
· tarreance			Registration Number, if FAC
Address	Type*	y, were	M D Y Amount
	RE _	ANS IN	
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH	<u> </u>	Registration Number, if PAC
			registation number, it i AC.
Address	Type*		M D Y Amount
Cinc	RE	Zi- C-da	
City	State OH	Zip Code	Form (Cash, Check, etc.)

126.97

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.