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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee Full OShauphnessy Committee Full Name		<u>-</u>						
Full Name	Name of Committee in Full							
Chase Bank								
Address				Registra	tion Num	ber, if PA	\C	
P.O. Box 659754	Chase Bank							
State	Address	Type*		M	D	Y	Amount	
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SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	0.06

^{*} 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.