

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR HARRIS					
Full Name PNC BANK			Registration Number, if PAC		
Address PO BOX 609		Type*	M	D	Y
City Pittsburgh		State PA	Zip Code 15230		Amount 42.00
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address		Type*	M	D	Y
City		State	Zip Code		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.