

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Citizens Committee for Persons with D.D.					
Full Name			Registration Number, if PAC		
Net Earnings from Chase Bank Investments					
Address	Type*		M	D	Y
P.O. Box 260180	I N		0 6	3 0	1 3
City	State	Zip Code	Form (Cash, Check, etc)		
Baton Rouge	I A	70826-0180			
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
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; SA for the sale of committee assets; or LN for payments received on a loan made.