31-A-2			
R.C. 3517,100	ı	ŋ	,

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee 1784		· ·						
O'Shaughnessy Committee							<u></u>	
			Registra	Registration Number, if PAC				
Chase Bank								
P.O. Box 659754	Type*		M	D	Y	Amount	0.07	
P.O. Box 659754	IN		1 2	3 1	1 7		_0.06	
San Antonio	State T X	Zip Code 78265	Form(Ca	Form(Cash,Check,etc) eft				
di Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount	Y*****	
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)				
Full Name			Registra	Registration Number. if PAC				
Address .	Type*		М	D	Y	Amount	· W	
City	State	Zip Code	Form(Ca	ash,Checl	(,etc)			
Full Name	Nome			Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Check	(,etc)			
Full Name				Registration Number. if PAC				
Address	Type*		М	D	Y	Amount		
Cisy	State	Zip Code	Form(Ca	Form(Cash,Check,etc)				
Full Name	<u> </u>		Registra	Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
Full Name			Registra	Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec				
Full Name			Registra	Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
And the state of t		af the Other Income Pag	aired: DE for s	refund	uncashed	check or the		

* 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.

Page Total \$ 0.06