

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Tests</i>							
Full Name <i>National City Bank</i>				Registration Number, if PAC			
Address <i>155 E. Broad St.</i>		Type* <i>IN</i>	M <i>0</i>		D <i>5</i>	Y <i>0</i>	Amount <i>72.16</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>NA</i>		
Full Name							
Address				Type*		Registration Number, if PAC	
City		State	Zip Code		M	D	Y
Form (Cash, Check, etc.)		Amount					
Full Name							
Address				Type*		Registration Number, if PAC	
City		State	Zip Code		M	D	Y
Form (Cash, Check, etc.)		Amount					
Full Name							
Address				Type*		Registration Number, if PAC	
City		State	Zip Code		M	D	Y
Form (Cash, Check, etc.)		Amount					
Full Name							
Address				Type*		Registration Number, if PAC	
City		State	Zip Code		M	D	Y
Form (Cash, Check, etc.)		Amount					
Full Name							
Address				Type*		Registration Number, if PAC	
City		State	Zip Code		M	D	Y
Form (Cash, Check, etc.)		Amount					
Full Name							
Address				Type*		Registration Number, if PAC	
City		State	Zip Code		M	D	Y
Form (Cash, Check, etc.)		Amount					
Full Name							
Address				Type*		Registration Number, if PAC	
City		State	Zip Code		M	D	Y
Form (Cash, Check, etc.)		Amount					

* 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.