

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Friends of Cornell Robertson									
Full Name					Registration Number, if PAC				
Chase Bank, Branch 000867									
Address		Type*		M	D	Y	Amount		
1600 Hilliard Rome Road		I N		1	2	3	1	1	4
City		State	Zip Code	Form(Cash,Check,etc)					
Hilliard		O H	43026	Check			0.65		
Full Name					Registration Number, if PAC				
Address					Type*				
City					State Zip Code Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address					Type*				
City					State Zip Code Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address					Type*				
City					State Zip Code Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address					Type*				
City					State Zip Code Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address					Type*				
City					State Zip Code Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address					Type*				
City					State Zip Code Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address					Type*				
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.