

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Central Ohio Political Action Committee					
Full Name PNC Bank			Registration Number, if PAC		
Address P.O. Box 609	Type* IN		M 0	D 6	Y 3 0 1 5
City Pittsburgh	State PA	Zip Code 15230	Amount \$0.02		
Form (Cash, Check, etc.)					
Full Name PNC Bank			Registration Number, if PAC		
Address P.O. Box 609	Type* IN		M 0	D 7	Y 3 1 1 5
City Pittsburgh	State PA	Zip Code 15230	Amount \$0.01		
Form (Cash, Check, etc.)					
Full Name PNC Bank			Registration Number, if PAC		
Address P.O. Box 609	Type* IN		M 0	D 8	Y 3 1 1 5
City Pittsburgh	State PA	Zip Code 15230	Amount \$0.02		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* IN		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	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.