31-A-2
R.C. 3517.10(B)

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	Address	Type*	M	D	Y	Amount	City	State	Zip Code	Form (Cash, Check, etc)
none				06	30	11	0.00				

* 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 $ 0.00