

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Citizen for Beryl D. Anderson</u>				Registration Number, if PAC	
Full Name <u>Chase Bank</u>				Registration Number, if PAC	
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
<u>Columbus</u>	<u>OH</u>		<u>Electronic Fund</u>		<u>0.01</u>
Full Name				Registration Number, if PAC	
Address				Registration Number, if PAC	
Type*				M	D
City				Form (Cash, Check, etc.)	
State				Amount	
Zip Code					
Full Name				Registration Number, if PAC	
Address				Registration Number, if PAC	
Type*				M	D
City				Form (Cash, Check, etc.)	
State				Amount	
Zip Code					
Full Name				Registration Number, if PAC	
Address				Registration Number, if PAC	
Type*				M	D
City				Form (Cash, Check, etc.)	
State				Amount	
Zip Code					
Full Name				Registration Number, if PAC	
Address				Registration Number, if PAC	
Type*				M	D
City				Form (Cash, Check, etc.)	
State				Amount	
Zip Code					
Full Name				Registration Number, if PAC	
Address				Registration Number, if PAC	
Type*				M	D
City				Form (Cash, Check, etc.)	
State				Amount	
Zip Code					
Full Name				Registration Number, if PAC	
Address				Registration Number, if PAC	
Type*				M	D
City				Form (Cash, Check, etc.)	
State				Amount	
Zip Code					
Full Name				Registration Number, if PAC	
Address				Registration Number, if PAC	
Type*				M	D
City				Form (Cash, Check, etc.)	
State				Amount	
Zip Code					

* 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.