

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
<b>Friends of Cornell Robertson</b>							
Full Name				Registration Number, if PAC			
<b>Chase Bank, Branch 000867</b>							
Address		Type*		M	D	Y	Amount
<b>1600 Hilliard Rome Road</b>		<b>I N</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>0.20</b>
City		State	Zip Code	Form(Cash,Check,etc)			
<b>Hilliard</b>		<b>O H</b>	<b>43026</b>	<b>Check</b>			
Full Name				Registration Number, if PAC			
Address				Type* M D Y Amount			
City				State Zip Code Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Type* M D Y Amount			
City				State Zip Code Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Type* M D Y Amount			
City				State Zip Code Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Type* M D Y Amount			
City				State Zip Code Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Type* M D Y Amount			
City				State Zip Code Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address				Type* M D Y Amount			
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.