

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Central Ohio Realtors Political Action Committee							
Full Name National City Bank				Registration Number, if PAC			
Address P.O. Box 5756	Type* IN	Zip Code	M 0	D 4	Y 3	Amount \$22.85	
City Cleveland	State OH	Zip Code 44101	Form (Cash, Check, etc.)				
Full Name National City Bank				Registration Number, if PAC			
Address P.O. Box 5756	Type* IN	Zip Code	M 0	D 5	Y 3	Amount \$21.28	
City Cleveland	State OH	Zip Code 44101	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type* RE	Zip Code	M	D	Y	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type* RE	Zip Code	M	D	Y	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type* RE	Zip Code	M	D	Y	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type* RE	Zip Code	M	D	Y	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type* RE	Zip Code	M	D	Y	Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name				Registration Number, if PAC			
Address	Type* RE	Zip Code	M	D	Y	Amount	
City	State OH	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, 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.