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

Page _____

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full
O'Shaughnessy Committee

Full Name					Registration Number, if PAC			
Chase Bank								

Address	Type*		M	D	Y	Amount
P.O. Box 659754	I N		0 6	3 0	1 7	0.06

City	State	Zip Code	Form(Cash,Check,etc)	
San Antonio	T X	78265	eft	

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)	

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.

Page Total $ _____ 0.06