

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR WESTERVILLE							
Full Name BRUCE E. BAILEY				Registration Number, if PAC			
Address 1078 DENMAN CT		Type* LN		M 1	D 0	Y 2	Amount 2,675.00
City WESTERVILLE		State OH	Zip Code 43081	Form (Cash, Check, etc.) CHECK			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		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.