

Statement of Other Income

Prescribed by Secretary of State 8/95

Name of Committee in Full									
Committee to Reelect Anne Heffman Porter to Bexley City Council									
Full Name						Registration number, if PAC			
Huntington National Bank									
Address				Type*		M	D	Y	Amount
5003 E. Main St.				IN					.45
City		State		Zip Code		Form (Cash, Check, etc.)			
Columbus, Ohio		OH		43209		cash			
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.