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Statement of Other Income

Prescribed by Secretary of State 8/95

Name of Committee in Full										
Committee to Resect Anne H	elm	an Ī	Poster to Be	×les	Ci	40	CL	incil		
Name of Committee in Full Committee to Declect Anne Hallman Porter to Be Full Name Huntington National Bank Address 5003 E Main St. In State Zip Code Celumbus Chic C H 43209 Full Name						Regionation number, if PAC				
Address 5003 E Main St.	Type*	n		М	D			Amount 45		
Celumbus Chic	Sta	te L+	2ip Code 432 <i>0</i> 9	Form (Cash, C	Check,	etc.)			
Full Name			 	Registr	ation n	umber	if PA	Ċ		
Address	Туре*			М	D)		Amount		
City	Sta	te	Zip Code	Form (Cash, C	heck,	etc.)			
Full Name						Registration number, if PAC				
Address	Type*			М	D)		Amount		
City	Stat	te	Zip Code	Form (Cash, C	heck,	etc.)			
Full Name					Registration number, if PAC					
Address	Type*			М	D	,		Amount		
City	Stat	ie .	Zip Code	Form (Cash, C	heck,	etc.)			
Full Name						Registration number, if PAC				
Address	Туре*			M	D	Y		Amount		
City	State	e	Zip Code	Form (0	Cash, C	neck,	etc.)			
Full Name					Registration number, if PAC					
Address	Туре*			М	D	Y		Amount		
City	State	e	Zip Code	Form (C	Cash, C	heck,	tc.)			
Full Name					Registration number, if PAC					
Address	Туре*			M	D	Y		Amount		
City	State	e .	Zip Code	Form (C	Cash, C	heck, e	tc.)			

Page Total \$ 45



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^{*} 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.