

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Citizens for Worthington Libraries						
Full Name				Registration Number, if PAC		
Huntington Bank						
Address	Type*		M	D	Y	Amount
PO Box 1558 EA1W37	I N		0	3	3	0.47
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43235-1558	Cash			
Full Name				Registration Number, if PAC		
Huntington Bank						
Address	Type*		M	D	Y	Amount
PO Box 1558 EA1W37	I N		0	6	3	0.45
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43235-1558	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)			

* 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 \$ 0.92