

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	9	3 0 1 1	0.62
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		1	2	3 1 1 1	0.33
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 \$ 0.95