

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Support Your Bexley Library						Registration Number, if PAC	
Full Name The First Bexley Bank (refund 29 months dormant fees)						Amount	
Address 2680 E. Main Street		Type* RE	M D Y 0 6 2 7 1 3		Amount \$145.00		
City Bexley		State OH	Zip Code 43209		Form (Cash, Check, etc.) credit		
Full Name						Registration Number, if PAC	
Address		Type* RE	M D Y		Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC	
Address		Type* RE	M D Y		Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC	
Address		Type* RE	M D Y		Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC	
Address		Type* RE	M D Y		Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC	
Address		Type* RE	M D Y		Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC	
Address		Type* RE	M D Y		Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name						Registration Number, if PAC	
Address		Type* RE	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.

145.00

Page Total \$