

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for the Westerville Public Library							
Full Name US Bank*				Registration Number, if PAC			
Address P. O. Box 1800		Type* IN		M 0	D 3	Y 3	Amount \$0.06
City St. Paul		State MN	Zip Code	Form (Cash, Check, etc.) cash			
Full Name *Westerville Office				Registration Number, if PAC			
Address 833 South State Street		Type* IN		M 0	D 4	Y 3	Amount \$0.06
City		State OH	Zip Code 43081	Form (Cash, Check, etc.) cash			
Full Name				Registration Number, if PAC			
Address		Type* IN		M 0	D 5	Y 3	Amount \$0.06
City		State OH	Zip Code	Form (Cash, Check, etc.) cash			
Full Name				Registration Number, if PAC			
Address		Type* IN		M 0	D 6	Y 3	Amount \$0.06
City		State OH	Zip Code	Form (Cash, Check, etc.) 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.)			

* 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.