Statement of Other Income

Page 2

Prescribed by Secretary of State 2/01

Name of Committee in the last		
Name of Committee in Full Worthington Community For School	ols	
Full Name		Registration Number, if PAC
Huntington National Bank		Registration Number, if IAC
Address	Type*	M D Y Amount
7 Easton Oval	IN	1 2 3 1 1 6 \$0.85
City Columbus	State Zip Code	Form (Cash, Check, etc.)
	OH 43219	Cash
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
	ОН	
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
Audiess	· ·	M D Y Amount
City	RE Zip Code	Farm (Coals Charlester)
City	Staţte Zip Code OH	Form (Cash, Check, etc.)
Full Name	3.1.	Registration Number, if PAC
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name		Registration Number, if PAC
Address	7.1*	
Addicss	Type*	M D Y Amount
C'-	RE	
City	State Zip Code OH	Form (Cash, Check, etc.)
Full Name	OII	Registration Number, if PAC
I dii Name		Registration Number, if FAC
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
	ОН	
Full Name		Registration Number, if PAC
Address	Time*	M D Y Amount
Addices	Type*	Amount
City	RE	Farr (Carl Charlesta)
City	State Zip Code OH	Form (Cash, Check, etc.)
Full Name	OII	Registration Number, if PAC
Address	Type*	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
	OH	

0.85

Page Total \$

^{*} 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.