Page1	
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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Name of Committee in Full Citizens for Worthington Libraries				
Full Name	MICHIGAN OF MANAGEMENT AND ANGEST STREET, THE STREET,		Registration Number, if PAC	***************************************
Huntington Bank				
Address	Type*		M D Y Amount	
PO Box 1558 EA1W37	IN		1 . 1 . 1 . 1).39
City	State	Zip Code	Form(Cash,Check,ctc)	
Columbus	ОН	43235-1558	Cash	
Full Name	1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Registration Number, if PAC	
Huntington Bank				_
Address	Type*		M D Y Amount	
PO Box 1558 EA1W37	I N	Section 1).47
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	ОН	43235-1558	Cash	
Full Name			Registration Number, if PAC	
	T .		M D V IA	
Address	Type*		M D Y Amount	
Cit.	0,	Zip Code	Form(Cash,Check,etc)	
City	State	Zip Code	Cash	
Full Name		1	Registration Number, if PAC	
Full Name				
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
			Cash	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	1			Share
City	State	Zip Code	Form(Cash,Check,etc)	
			Cash	
Full Name			Registration Number, if PAC	
Address	Time*		M D Y Amount	
Address	Type*		The second secon	
City	State	Zip Code	Form(Cash,Checkete)	
			Cash	
Full Name			Registration Number, if PAC	arris i i
				_
Address	Type*		M D Y Amount	
				INC.
City	State	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,ete)	
			Cash	

* 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 carned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 0.86