

Frank LaRose Ohio Secretary of State

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee							
Citizens for the Westerville Public Library							
Full Name of Contributor			Registration Number, if PAC				
U.S. Bank							
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)			
P.O. Box 1800	Investment/Income	01/31/2013		Direct Deposit			
City	State	Zip Code		Amount			
Saint Paul	MN	55101		.03			
Full Name of Contributor		Registration Number, if PAC					
U.S. Bank							
Street Address	Type*	Date (MM/D	D/YYY)	Form (Cash, Check, etc.)			
P.O. Box 1800	Investment/Income	02/28/2013		Direct Deposit			
City	State	Zip Code		Amount			
Saint Paul	MN	55101		.04			
Full Name of Contributor		Registration Number, if PAC					
U.S. Bank							
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)			
P.O Box 1800	Investment/Income	03/31/2013		Direct Deposit			
City	State	Zip Code		Amount			
Saint Paul	MN	55101		.04			
Full Name of Contributor		Registration Number, if PAC					
U.S. Bank							
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)			
P.O. Box 1800	Investment/Income	04/30/2013		Direct Deposit			
City	State	Zip Code		Amount			
Saint Paul	MN	55101		.04			
Full Name of Contributor		Registration Number, if F		er, if PAC			
U.S. Bank							
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)			
P.O. Box 1800	Investment/Income		05/31/2013	Direct Deposit			
City	State	Zip Code		Amount			
Saint Paul	MN	55101		.04			

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^{*} 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.