Statement of Other Income

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Prescribed by Secretary of State 2/01

	<u></u>	<u> </u>	
Name of Committee in Full	IDDADW		
CITIZENS FOR THE WESTERVILLE PUBLIC I	LIBRARY		
Full Name BANK INTEREST			Registration Number, if PAC
Address	Tvne*		M D Y Amount 0 1 0 3 1 1 \$0.09
City	State OH	Zip Gode	Form (Cash, Check, etc.)
Full Name		<u> -</u>	Registration Number, if PAC
BANK INTEREST			
Address	Туре*		M D Y Amount 0 2 2 8 1 1 \$0.08
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		cash
Full Name BANK INTEREST			Registration Number, if PAC
Address	Type*		M D Y Amount
			0 3 3 1 1 1 \$0.09
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		cash
Full Name BANK INTEREST			Registration Number, if PAC
Address	Type*		M D Y Amount 0 4 2 9 1 1 \$0.08
City	State	Zip Code	Form (Cash, Check, etc.)
,	ОН		cash
Full Name			Registration Number, if PAC
Address	Type*	The state of the s	M D Y Amount
BANK INTEREST		To Carlo	0 5 3 1 1 1 \$0.09
City	State OH	Zip Code	cash
Full Name			Registration Number, if PAC
Address	Tvpe*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		The state of the s
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	011		Registration Number, if PAC
		(1)	
Address	Type*		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.