

Statement of Other Income

Prescribed by Secretary of State 2/01

			Jacobsch Workshalten gegeg	******************************	*************************			
Name of Committee in Full								
Whitehall Schools Levy Committee								
Full Name			Registration Number, if PAC					
Whitehall Credit Union				_				
Address	Type*		M	D	Y	Amount		
5025 E. Main St.	IN		0 9	3 0	0 8		5.11	
City	State	Zip Code	1	sh,Check				
Columbus	O H 43213		Cash					
Full Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
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Full Name				Registration Number, if PAC				
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Address	Type*		M	D	Y	Amount		
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City	State	Zin Code	Form(Co	sh Chaol	etc)			
City	State Zip Code		Form(Cash,Check,etc)					
E IIV			D a citation	tion No	hon JCD A			
Full Name			Registration Number, if PAC					
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Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Ca	ish,Check	(,etc)			
				NICOWOTO COMPANY				
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount	***************************************	
City	State	Zip Code	Form(Ca	sh,Check	c,etc)			
Full Name				Registration Number, if PAC				
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Address	Type*		M	D	Y	Amount		
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City	State	Zip Code	Form(C)	sh,Check	r etc)			
City	State	Zip Couc	Troim(C	1311, CHÇCE	,,,,,,			
E. II Name	***************************************		Decistration Number if D					
Full Name			Registration Number, if PAC					
	T	-	<u> </u>	1 -	T ,.	T		
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Checl	k,etc)			
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C:	ash,Checl	k,etc)			
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	L.					STREET,		

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

Page Total \$ 5.11

^{*} 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 earned by the committee,