

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS AGAINST ISSUE 26 TAX HIKE					
Full Name HUNTINGTON NATIONAL BANK			Registration Number, if PAC		
Address PO BOX 182289	Type* RE		M 0	D 5	Y 0114
City COLUMBUS	State OH	Zip Code 43215	Amount \$42.27		
Form (Cash, Check, etc.) EFT					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Amount		
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.

42.27

Page Total \$