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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full	<del></del>							
Citizens for Worthington Librar	rios							
Full Name	1103		Registra	tion Num	ber, if P/	AC .		
Huntington Bank								
Address	Type*		М	D	Y	Amount		
PO Box 1558 EA1W37	IN		0 9	3 0	1 6		0.64	
City	State	Zip Code		sh,Checl				
Columbus	ОН	43235-1558	Cash					
Full Name			Registrat	tion Num	ber, if PA	AC .		
Huntington Bank						<del>,</del>		
Address  DO D 1559 F A 114/27	Type*		M	D	Y	Amount	0.70	
PO Box 1558 EA1W37	I N State	Zip Code	1 2	3 1	1 6		0.63	
Columbus	O ! H	43235-1558	Form(Cash,Check,etc)  Cash					
Full Name	10 11	43233-1338		Registration Number, if PAC				
					,			
Address	Type*		М	D	Y	Amount		
<u> </u>	L _ i	1	1			}		
City	State	Zip Code	Form(Ca	sh,Check	c,etc)			
<u></u>		<u> </u>						
Full Name				Registration Number, if PAC				
Address	Type*		M	D	ΙΥ	Amount		
, turies	1,500	l	1		1	, unoun		
City	State	Zip Code	Form(Ca	sh,Check	Letc)			
	] ,							
Full Name	<del></del>	<del></del>	Registrat	ion Num	ber, if PA	VC.		
Address	Type*		М	D	Y.	Amount		
C:		2 - C- 4	F(C-	ah Charl	111			
City	State	Zip Code	romica	ish,Check	Le(c)			
Full Name		<u> </u>	Registrat	Registration Number, if PAC				
			}		·			
Address	Type*		М	D	Y	Amount		
						l		
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
		<u> </u>	15					
Full Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
	1	i	1			}		
City	State	Zip Code	Form(Ca	sh,Check	(etc)			
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
	į					1		
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
		<u> </u>	1					

\* 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.

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