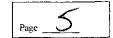
Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for the Westerville Public Library			
Full Name US Bank (Westerville Office)*			Registration Number, if PAC
Address	Type*	Market and the first	A D M A
P.O. Box 1800	IN		M D Y Amount 1 2 3 1 1 0 \$0.37
City Saint Paul	State MN	Zip Code 5510 1	Form (Cash, Check, etc.) Cash
Full Name			Registration Number, if PAC
*833 South State Street			
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	3
Full Name			Registration Number, if PAC
Address	Type*	Many services of services of the services of t	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	L		Registration Number, if PAC
Address	Type*	The second section of the sect	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		<u>-</u>	Registration Number, if PAC
Address	Type*	हें। के उम्में हें कर तथा के कैरीहरड़ का तथा समझ्यात राज पास है	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		_	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Fuli Name			Registration Number, if PAC
Address	Type*	a state and action of in men risk and specific for	M D Y Amount
City	Stațe	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Tvpe*		М D У Атоип
City	Stațe	Zip Code	Form (Cash, Check, etc.)

0.37

^{*} 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.