



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Worthington Community For Schools			
Full Name of Contributor Huntington National Bank		Registration Number, if PAC	
Street Address P.O. Box 1558 EA1W37	Type* Investment/Income	Date (MM/DD/YYYY) 10/31/2018	Form (Cash, Check, etc.) Interest
City Columbus	State OH	Zip Code 43216	Amount \$.50
Full Name of Contributor Huntington National Bank		Registration Number, if PAC	
Street Address P.O. Box 1558 EA1W37	Type* Investment/Income	Date (MM/DD/YYYY) 11/30/2018	Form (Cash, Check, etc.) Interest
City Columbus	State OH	Zip Code 43216	Amount \$.35
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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.