

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Joe Begeny						
Full Name Citizens for Truex			Registration Number, if PAC			
Address 12364 Thoroughbred Dr	Type* R E		M 1	D 1	Y 0	Amount 130.00
City Pickerington	State O	Zip Code H 43147	Form(Cash,Check,etc) Check			
Full Name Friends of Jeni Quesenberry						
Address 4100 Regent St, Ste A			Registration Number, if PAC			
Address 4100 Regent St, Ste A	Type* R E		M 1	D 1	Y 7	Amount 130.00
City Columbus	State O	Zip Code H 43219	Form(Cash,Check,etc) Check			
Full Name						
Address			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name						
Address			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name						
Address			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name						
Address			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name						
Address			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name						
Address			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	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, 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.