

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Debbie Dunlap				Registration Number, if PAC	
Full Name Citizens for Truex		Registration Number, if PAC		Amount	
Address 12364 Thoroughbred Drive	Type* RE			M D Y 1 0 2 5 1 5	\$200.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.)		
Full Name Friends of Neal Whitman				Registration Number, if PAC	
Full Name Friends of Neal Whitman		Registration Number, if PAC		Amount	
Address 7916 Windrift Place	Type* RE			M D Y 1 0 3 1 1 5	\$300.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address		Type* RE		Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address		Type* RE		Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address		Type* RE		Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address		Type* RE		Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address		Type* RE		Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address		Type* RE		Amount	
City	State OH	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, 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.