

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Sharon Whitten							
Full Name Wal-Mart Supercenter				Registration Number, if PAC			
Address 6674 Winchester Boulevard		Type* R E		M 0 9	D 0 9	Y 1 5	Amount 50.58
City Canal Winchester		State O H		Zip Code 43110		Form(Cash,Check,et Credit Card	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,et	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,et	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,et	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,et	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,et	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,et	

* 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.

Page Total \$ 50.58