

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Sharon Whitten						
Full Name Staples				Registration Number, if PAC		
Address 6591 Winchester Square Boulevard	Type* R E		M 1 1	D 0 6	Y 1 5	Amount 11.82
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 \$ 11.82