31-A-2
R.C. 3517.10(B)

Page _____

# Statement of Other Income

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Friends for Paul Bingle** | | | | | | | | |

| Full Name | | | Registration Number, if PAC | | | | | |
|---|---|---|---|---|---|---|---|---|
| Paul Bingle | | | | | | | | |
| Address | Type* | | M | D | Y | Amount | | |
| 408 E. Schreyer Pl. | L \| N | | 0\|3 | 1\|0 | 0\|7 | 2,000.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | | | |
| Columbus | O \| H | 43214 | Check | | | | | |

| Full Name | | | Registration Number, if PAC | | | | | |
|---|---|---|---|---|---|---|---|---|
| Linda Paul | | | | | | | | |
| Address | Type* | | M | D | Y | Amount | | |
| 408 E. Schreyer Pl. | L \| N | | 0\|6 | 0\|6 | 0\|7 | 4,500.00 | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | | | |
| Columbus | O \| H | 43214 | Check | | | | | |

| Full Name | | | Registration Number, if PAC | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| Address | Type* | | M | D | Y | Amount | | |
| | | | | | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | | | |

| Full Name | | | Registration Number, if PAC | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| Address | Type* | | M | D | Y | Amount | | |
| | | | | | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | | | |

| Full Name | | | Registration Number, if PAC | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| Address | Type* | | M | D | Y | Amount | | |
| | | | | | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | | | |

| Full Name | | | Registration Number, if PAC | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| Address | Type* | | M | D | Y | Amount | | |
| | | | | | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | | | |

| Full Name | | | Registration Number, if PAC | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| Address | Type* | | M | D | Y | Amount | | |
| | | | | | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | | | | | |

| Full Name | | | 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.

Page Total $ _6,500.00_