

Statement of Other Income

Prescribed by Secretary of State 2/01

| | | | | |
|---|-------------|-------------------|------------------------------------|-------------------|
| Name of Committee in Full Friends of Debbie Dunlap | | | | |
| Full Name Friends of Neal Whitman | | | Registration Number, if PAC | |
| Address 7916 Windrift Pl | Type* RE | | M D Y 0 9 2 5 1 5 | Amount \$58.00 |
| City Reynoldsburg | State OH | Zip Code 43068 | Form (Cash, Check, etc.) check | |
| Full Name Citizens for Truex | | | Registration Number, if PAC | |
| Address 12364 Thoroughbred Dr | Type* RE | | M D Y 0 9 2 5 1 5 | Amount \$58.00 |
| City Pickerington | State OH | Zip Code 43147 | Form (Cash, Check, etc.) check | |
| Full Name | | | Registration Number, if PAC | |
| Address | Type* RE | | M D Y | Amount |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name | | | Registration Number, if PAC | |
| Address | Type* RE | | M D Y | Amount |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name | | | Registration Number, if PAC | |
| Address | Type* RE | | M D Y | Amount |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name | | | Registration Number, if PAC | |
| Address | Type* RE | | M D Y | Amount |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name | | | Registration Number, if PAC | |
| Address | Type* RE | | M D Y | Amount |
| City | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name | | | Registration Number, if PAC | |
| Address | Type* RE | | M D Y | 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.

116.00

Page Total \$