

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Kristin Bryant					
Full Name Friends of Jeni Quesenberry			Registration Number, if PAC		
Address 4100 Regent St, Ste A	Type* R E		M 0	D 4	Y 2
					Amount 225.48
City Columbus	State O H	Zip Code 43219	Form(Cash,Check,etc) Check		
Full Name Friends of Mildred Johnson			Registration Number, if PAC		
Address 4100 Regent St, Ste A	Type* R E		M 0	D 4	Y 2
					Amount 225.48
City Columbus	State O H	Zip Code 43219	Form(Cash,Check,etc) 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.