

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Paul Lambert							
Full Name Paul Lambert				Registration Number, if PAC			
Address 7275 Roberts Rd		Type* L N	M 0 9		D 2 6	Y 1 3	Amount 100.00
City Hilliard		State O H	Zip Code 43026		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)		
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.