

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Zach Scott							
Full Name Amazon.com Inc.				Registration Number, if PAC			
Address PO Box 81266	Type* R E		M 0 8	D 1 9	Y 1 5	Amount 33.54	
City Seattle	State W A	Zip Code 98108	Form(Cash,Check,etc) EFT				
Full Name Zachary Scott				Registration Number, if PAC			
Address 7784 Rowles Dr	Type* L N		M 1 0	D 0 1	Y 1 5	Amount 15,000.00	
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check				
Full Name Charles R. Lang, Jr				Registration Number, if PAC			
Address 1751 Hiner Rd	Type* L N		M 1 0	D 0 1	Y 1 5	Amount 15,000.00	
City Orient	State O H	Zip Code 43146	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)				

* 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 \$ 30,033.54