| | STATE OF THE PARTY |
|------|--|
| Page | 5_ |

Statement of Other Income

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | |
|--|--------------------|--|-----------------------------|-----------------------------|---|--|--|--|
| FRIENDS OF JEFF CANSON | | | | | | | | |
| Full Name | | | Registra | tion Num | ber, if PA | .C | | |
| JEFFREY CANSON | | | <u> </u> | | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ | Amount | | |
| Address | Type* | ner production and the second | M | D 28 | | Amount /, 5 00 00 | | |
| 7481 MORSE KD | L N | Zip Code | | | | 115 4 6 6 0 C | | |
| Name of Committee in Full FRIENISS OF JEFF CARSO Full Name JEFFREY CARSON Address 7481 Morse Ris City Non Alisany | State OH | Zip Code 43054 | | Form(Cash,Check,etc) | | | | |
| Full Name | | | Registration Number, if PAC | | | | | |
| Address | Type* | | М | D | Y | Amount | | |
| The state of the s | | | | | | | | |
| City | State | Zip Code | Form(Ca | ash,Check | k,etc) | The Committee of the Co | | |
| | | | | | h '^- | | | |
| Full Name | | | | ation Num | mer, if PA | | | |
| Address | Type⁵ | | M | D | Y | Amount | | |
| 1828-1828-1828-1828-1828-1828-1828-1828 | | | | | | | | |
| City | State | Zip Code | Form(Ca | ash,Checl | k,etc) | | | |
| | | | | | ************************************** | | | |
| Full Name | | | | ation Num | iver, if PA | nc | | |
| Address | Type* | | М | D | Y | Amount | | |
| | | | | <u></u> | | | | |
| City | State | Zip Code | Form(C | ash,Checl | k,etc) | | | |
| | | | Registr | Registration Number, if PAC | | | | |
| Full Name | | | | Acgionation Number, ii 1AC | | | | |
| Address | Type* | | М | D | Y | Amount | | |
| | | | | | | | | |
| City | State | Zip Code | Form(C | Form(Cash,Check,etc) | | | | |
| | | | | ation Nun | nber if P | AC | | |
| Full Name | | | | Registration Number, if PAC | | | | |
| Address | Type* | | M | D | Y | Amount | | |
| | | | . | | | | | |
| City | State | Zip Code | Form(C | Cash,Chec | k,etc) | | | |
| Full Name | | | Registr | Registration Number, if PAC | | | | |
| 1 dit ranne | | | | | | | | |
| Address | Type* | en e | М | D | Y | Amount | | |
| Cit. | State | Zip Code | Form | Cash,Chec | k,etc) | | | |
| City | Siale | | | | | | | |
| Full Name | | | Registr | Registration Number, if PAC | | | | |
| Address | Type* | | M | D | Y | Amount | | |
| | | | | 1 | | | | |
| City | State | Zip Code | Form(C | Cash,Chec | ck,etc) | | | |
| | l i di atau tha ma | the Other Income Receive | ed. DE c | r 2 rcf 3 | l macaba | ed check or the | | |
| | | | | | | | | |

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1,525000

^{*} 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,