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Statement of Other Income

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | |
|----------------------------|---|---|-----------------------------|-----------------------------|-----------|-------------|--|
| Friends of Fellows | | | | | | | |
| Full Name | | | | per, if PAC | | | |
| Edward J. Fellows | | | | | | | |
| Address | Type* | | M D | Y / | Amount | | |
| 7015 Harlan Square | LN | | 0 8 1 7 | | | 500.00 | |
| City | State | Zip Code | Form(Cash,Check | ,etc) | | | |
| New Albany | OH | 43054 | Check | | | | |
| Full Name | | | | Registration Number, if PAC | | | |
| Edward J. Fellows | | WOOTEGEN TO THE | | | | | |
| Address | Type* | | M D | | Amount | | |
| 7015 Harlan Square | LN | | 0 9 2 1 | | | 500.00 | |
| City | | Zip Code | Form(Cash,Check | | | | |
| New Albany | O H | 43054 | Checl | | | | |
| Full Name | | | Registration Number, if PAC | | | | |
| Edward J. Fellows | | | <u></u> | | | | |
| Address | Type* | | M D | 1 1 | Amount | pac 24 24 - | |
| 7015 Harlan Square | LN | 2: 0 | 1 0 0 1 | | 1 | L,500.00 | |
| City | State | Zip Code | Form(Cash,Check | | | | |
| New Albany Full Name | $O \mid H$ | 43054 | Check | , | | | |
| | | | Registration Num | oer, II PAC | <i>-</i> | | |
| Edward J. Fellows | T | | MIT | v | Amount | | |
| Address 7015 Harley Savare | Type* | | M D | l 1 | Amount | 500 00 | |
| 7015 Harlan Square City | State | Zip Code | 1 0 0 2 Form(Cash,Check | etc) | | 500.00 | |
| New Albany | State | 43054 | Checl | | | | |
| New Albany Full Name | | 10034 | Registration Num | | , | | |
| Admo | North India | , 11 1 M | - | | | | |
| Address | Type* | | M D | Y . | Amount | | |
| | | | | | | | |
| City | State | Zip Code | Form(Cash,Check | ,etc) | | | |
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| Full Name | | | | Registration Number, if PAC | | | |
| Address | Trmo* | | M D | Y | Amount | | |
| Address | Type* | | 1 I | ' | z unouill | | |
| City | State | Zip Code | Form(Cash,Check | etc) | | | |
| City | State | Dip Code | 1 om(Casii,Clieci | ., | | | |
| Full Name | J | | Registration Num | Registration Number, if PAC | | | |
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| Address | Type* | | M D | Y | Amount | | |
| | | | 41 | | | | |
| City | State | Zip Code | Form(Cash,Check | t,etc) | | | |
| | | | | | | | |
| Full Name | | | Registration Number, if PAC | | | | |
| Address | Type* | | M D | Y | Amount | | |
| | | | | | | | |
| City | State | Zip Code | Form(Cash,Check | t,etc) | | | |
| | | | | | | | |

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

^{*} 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,