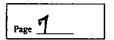
Statement of Other Income



Prescribed by Secretary of State 2/01

| Name of Committee in Full | | |
|---------------------------|-----------------------|-----------------------------|
| Friends of Neal Whitman | | |
| Fuli Name | | Registration Number, if PAC |
| Address | Type• | M D Y Amount |
| City | State Zip Code OH | Form (Cash, Check, etc.) |
| Full Name | | Registration Number, if PAC |
| Address | Type• | M D Y Amount |
| City | State Zip Code OH | Form (Cash, Check, etc.) |
| Full Name | <u> </u> | Registration Number, if PAC |
| Address | Type* RE | M D Y Amount |
| City | Staire Zip Code OH | Form (Cash, Check, etc.) |
| Full Name | | Registration Number, if PAC |
| Address | Type• RE | M D Y Amount |
| City | Stație Zip Code OH | Form (Cash, Check, etc.) |
| Full Name | | Registration Number, if PAC |
| Address | Type• RE | M D Y Amount |
| City | Stație Zip Code OH | Form (Cash, Check, etc.) |
| Full Name | | Registration Number, if PAC |
| Address | Type* | M D Y Amount |
| City | State Zip Code OH | Form (Cash, Check, etc.) |
| Full Name | | Registration Number, if PAC |
| Address | Type* RE | M D Y Amount |
| City | Suarte Zip Code OH | Form (Cash, Check, etc.) |
| Full Name | | Registration Number, if PAC |
| Address | Type*RE | M D Y Amount |
| City | State Zip Code | Form (Cash, Check, etc.) |

0.00

^{*} 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, 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.