31-A-2
R.C. 3517.10(B)

Page _____

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full
Friends for Ginther

Full Name			Registration Number, if PAC				
Andrew Ginther							

Address	Type*		M	D	Y	Amount	
98 Montrose Way	L N		0 3	0 1	0 9		2,000.00

City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43214	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.

Page Total $ 2,000.00