Page	1

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 and Shannon Ginther								
Address	Type*		M	D	Y	Amount	· · · · · · · · · · · · · · · · · · ·	
98 Montrose Way	IN		0 2		0 8		2,000.00	
City	State	Zip Code		ash,Chec				
Columbus	$O \mid H$	43212	Check					
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
		, and the second						
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount	***************************************	
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
					0.00			
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount	######################################	
City	State	Zip Code	Form(C	ash,Chec	k,etc)	100		
Full Name				Registration Number, if PAC				
		THE RESIDENCE OF THE PROPERTY						
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
				04.400 months (4.000 months)				
Full Name	all Name			Registration Number, if PAC				
				·		0340045441100000000000000000000000000000		
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Checl	k,etc)			
				Olympia and the second of the	Singapor Contraction of the Cont			
Full Name				Registration Number, if PAC				
				·	·			
Address	Type*		M	D	Y	Amount	-	
City	State	Zip Code	Form(C	ash,Checl	k,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,