

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Ginther									
Full Name Andrew and Shannon Ginther						Registration Number, if PAC			
Address 98 Montrose Way				Type* L N		M D Y 0 2 2 1 0 8		Amount 2,000.00	
City Columbus				State O H		Zip Code 43212		Form(Cash,Check,etc) 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)	

* 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.