

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Ebner for Judge							
Full Name Cynthia Ebner				Registration Number, if PAC			
Address 405 S. Merkle Road		Type* L N		M 0 3	D 0 9	Y 1 5	Amount 100.00
City Columbus		State O H	Zip Code 43209	Form(Cash,Check,etc) Bank Transfer			
Full Name Cynthia Ebner				Registration Number, if PAC			
Address 405 S. Merkle Road		Type* L N		M 0 4	D 0 7	Y 1 5	Amount 4,000.00
City Columbus		State O H	Zip Code 43209	Form(Cash,Check,etc) Bank Transfer			
Full Name Cynthia Ebner				Registration Number, if PAC			
Address 405 S. Merkle Road		Type* L N		M 1 0	D 0 8	Y 1 5	Amount 20,000.00
City Columbus		State L N	Zip Code 43209	Form(Cash,Check,etc) Bank Transfer			
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, uncaashed 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 \$ **24,100.00**