Page	jeoned

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full								
3								
Friends of Fellows								
	Full Name			Registration Number, if PAC				
Edward J. Fellows								
Address	Type*		M	D	Y	Amount		
7015 Harlan Square	<u> </u>		1 1				1,000.00	
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				
New Albany		43054		Check				
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Checl	k.etc)			
				,	-,/			
Full Name			Registration Number, if PAC					
a di i didi				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
	1 ype		IVI			Amount		
City	State	Zin Codo	F(C	1 01 1				
City	State	Zip Code	Form(C	ash,Checl	k,etc)			
Full Name								
Full Name			Registra	ition Num	ber, if PA	vC.		
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Checl	c,etc)			
Full Name			Registra	Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Checl	cete)			
			`		, ,			
Full Name			Registration Number, if PAC					
			Tregiona.	Tregionation Puniber, II I AC				
Address	Type*		M	D	Y	Amount		
	١		111			Amount		
City	State	Zip Code	Farm (C)	nl. Charl				
City	State	Zip Code	romic	ash,Check	c,etc)			
F.(1)								
full Name			Registration Number, if PAC					
				·				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Check	(,etc)		Company and	
Full Name			Registra	tion Num	ber, if PA	.C		
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C)	sh,Check	etc)			
		1	](01	,	,/			
		1	1					

SA for the sale of committee assets, or LN for payments received on a loan made.

<sup>\*</sup> 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,