

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Michele Elliott				
Full Name Huntington Bank			Registration Number, if PAC	
Address PO Box 1558 EA1W37	Type* RE		M 08	D 10
City Columbus	State OH	Zip Code 43216	Y 15	Amount \$5.00
Form (Cash, Check, etc.) auto deposit				
Full Name				
Address			Registration Number, if PAC	
City	Type*		M	D
State			Y	Amount
Zip Code	Form (Cash, Check, etc.)			
Full Name				
Address			Registration Number, if PAC	
City	Type*		M	D
State			Y	Amount
Zip Code	Form (Cash, Check, etc.)			
Full Name				
Address			Registration Number, if PAC	
City	Type*		M	D
State			Y	Amount
Zip Code	Form (Cash, Check, etc.)			
Full Name				
Address			Registration Number, if PAC	
City	Type*		M	D
State			Y	Amount
Zip Code	Form (Cash, Check, etc.)			
Full Name				
Address			Registration Number, if PAC	
City	Type*		M	D
State			Y	Amount
Zip Code	Form (Cash, Check, etc.)			
Full Name				
Address			Registration Number, if PAC	
City	Type*		M	D
State			Y	Amount
Zip Code	Form (Cash, Check, etc.)			
Full Name				
Address			Registration Number, if PAC	
City	Type*		M	D
State			Y	Amount
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, 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.