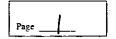
Statement of Other Income



Prescribed by Secretary of State 2/01

| Name of Committee in Full Friends of Michele Elliott | | | |
|--|-------------|----------------------------|---------------------------------------|
| Full Name HUNLINGTON BONK Address PO BOX 1558 EAIW37 | | | Registration Number, if PAC |
| PO BOX 1558 EAIW37 | Type* | | 081015 \$5:00 |
| city Columbus | State OH | Zip Code 43 21 6 | Form (Cash, Check, etc.) wto deposit |
| 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 | Туре* | | M D Y Amount |
| City | State | Zip Code | Form (Cash, Check, etc.) |
| Full Name | | J. 1888 in . | Registration Number, if PAC |
| Address | Туре* | | 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 | | al. | Registration Number, if PAC |
| Address | Туре* | | M D Y Amount |
| City | State | Zip Code | Form (Cash, Check, etc.) |
| Full Name | | 4 | 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.) |

Page Total S 5.00

^{*} 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.