## **Statement of Other Income**

Prescribed by Secretary of State 2/01

	Treatment by Secretary or State 201	
Name of Committee in Full Friends of Sharon Whitten		
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Full Name		Registration Number, if PAC
Wal-Mart Supercenter		
Address	Type*	M D Y Amount
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\* 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.

Page Total \$ 50.58