

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
COMMITTEE TO SAVE SENIOR SERVICES							
Full Name				Registration Number, if PAC			
VIAMEDIA INC.							
Address		Type*		M	D	Y	Amount
3910 ALDER PL, SUITE 100				1	2	0	100.30
City		State	Zip Code	Form(Cash, Check, etc)			
BETHLEHEM		P A	18017	CHECK			
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)			
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, 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 \$ 100.30