

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Full Name Loans from Form 31-C				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
	L	N				100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name Paypal				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
2211 North First St	R	E	0	2	2	3	1
City	State	Zip Code	Form(Cash,Check,etc)				
San Jose	C	A	EFT				
		95131					
Full Name Paypal				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
2211 North First St	R	E	0	2	2	3	1
City	State	Zip Code	Form(Cash,Check,etc)				
San Jose	C	A	EFT				
		95131					
Full Name Square				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
1455 Market Street	R	E	0	4	1	2	1
City	State	Zip Code	Form(Cash,Check,etc)				
San Francisco	C	A	EFT				
		94103					
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.