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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full		-					
Baker for the Board							
Full Name	Registrat	Registration Number, if PAC					
Loan Transfer from form 31-C							
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Full Name	<u> </u>	Registration Number, if PAC					
	rui Nanc				Registration Number, if PAC		
Address	Type*		M	D Y	Amount		
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City	State	Zip Code	Form/Co	sh.Check.etc)			
C.I.,		Zip code	Funite	ish, Check, etc)			
Full Name	<u> </u>	<u> </u>	Pagigran	iaa Muulka :	CDAC .		
Tan Maine			Registrat	tion Number, i	IPAL		
Address	Tunne		14				
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Full Name			Registra	Registration Number, if PAC			
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Full Name				Registration Number, if PAC			
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Address	Type*		М	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.