Page	peopletonement

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in East							
Name of Committee in Full Russic for Trustree							
Burris for Trustree				ition Numb	ber, if PAG	C	
Full Name David Burric			1				
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Full Name					•		
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Full Name			Registr	ration Nun	nber, if P/	٦C	
MANAGEMEN					anne grannen och som for skalade skala		**************************************
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City	State	Zip Code	Form(C	Cash,Chec	k,etc)		

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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 \$ __5,000,00