

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Debbie Dunlap				
Full Name Sign Rocket (took expense on Pre General)*		Registration Number, if PAC		
Address 340 Broadway Ave	Type* RE <input type="checkbox"/>		M D Y 1 0 1 6 1 5	Amount \$210.50
City St. Paul Park	State MN <input type="checkbox"/>	Zip Code 55071	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE <input type="checkbox"/>	M D Y	Amount
City	State OH <input type="checkbox"/>	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE <input type="checkbox"/>	M D Y	Amount
City	State OH <input type="checkbox"/>	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE <input type="checkbox"/>	M D Y	Amount
City	State OH <input type="checkbox"/>	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE <input type="checkbox"/>	M D Y	Amount
City	State OH <input type="checkbox"/>	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE <input type="checkbox"/>	M D Y	Amount
City	State OH <input type="checkbox"/>	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE <input type="checkbox"/>	M D Y	Amount
City	State OH <input type="checkbox"/>	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE <input type="checkbox"/>	M D Y	Amount
City	State OH <input type="checkbox"/>	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE <input type="checkbox"/>	M D Y	Amount
City	State OH <input type="checkbox"/>	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, 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.

210.50

Page Total \$