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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·								
Citizens for Maria Klemack									
Full Name			Registra	tion Num	ber, if PA	C			
Robert J. Mc Graw									
Address	Type*		М	D	Y	Amount			
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Full Name				Registration Number, if PAC					
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Full Name			Registra	ation Nur	nber, if P.	AC			
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Pull Name		<u> </u>	Registr	ation Nur	nber, if P	ΛC			
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	· · · · ·		Epun/C	l Cash,Chec	k etc\				
City	State	Zip Code	Form(C	asii,CiiCl	, a, cic j				
		atum of the Other Income Page	undi D.C. G	ar a rafer	d uncach	ed check or	he		

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	1.29
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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.