

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full GONZALES FOR					
Full Name LISA GONZALES			Registration Number, if PAC		
Address 3798 COCO LAKE DR.	Type* LOAN		M 08	D 25	Y 14
City COCONUT CREEK	State FL	Zip Code 33073	Amount 2,500⁰⁰		
Form (Cash, Check, etc.) CHECK					
Full Name JOHN M. GONZALES			Registration Number, if PAC		
Address 335 WILDWOOD DR.	Type* LOAN		M 09	D 29	Y 14
City WESTERVILLE	State OHIO	Zip Code 43081	Amount 1,600⁰⁰		
Form (Cash, Check, etc.) CHECK					
Full Name RICHARD GONZALES			Registration Number, if PAC		
Address 11327 LITTLE BEAR DRIVE	Type* 		M 10	D 14	Y 14
City BOCA RATON	State FL	Zip Code 33428	Amount 20,000		
Form (Cash, Check, etc.) CHECK					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
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.

AMENDED

Page Total \$

24,100