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R.	C.	3517	7.	10(B)

Page	1

Statement of Other Income

Prescribed by Secretary of State 2/01

						·	
Name of Committee in Full Frank Macke for Judge Committee							
Full Name	Registration Number, if PAC						
Transfer from Form 31-C			Logistie	ation muli	1001, 11 77		
Address	Type*		М	D	Y	Amount	
Address	L N		0 6	0 8	0 6		20,000.00
City	State H	Zip Code		ash,Chec Chec			
Full Name					ber, if P	AC	
			ĺ				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc).		
Full Name		1	Registra	ation Nun	ber, if P	AC.	
a di Mano			Rogisar	111011 111111		.0	
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name		<u>, II.,</u>	Registra	ition Nun	nber, if PA	AC	
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name		Registration Number, if PAC					
Address	Type*		М	D	Y	Amount	
							<u>-</u>
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name		Registration Number, if PAC					
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name			Registration Number, if PAC				
Address	Type*		М	D	Y	Amount	
						·	<u> </u>
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name			Registra	ntion Nun	iber, if PA	AC	
Address	Type*		М	D	Y	Amount	
10000							
City	State	Zip Code	Form(C	ash,Chec	k,etc)		

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

Page Total \$ 20.000.00

^{*} 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,