

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee to Elect Lori Trout</i>									
Full Name <i>PayPal Test Deposit</i>					Registration Number, if PAC				
Address			Type* <i>RE</i>		M D Y <i>08 29 11</i>			Amount <i>0.22</i>	
City			State		Zip Code			Form (Cash, Check, etc.)	
Full Name									
Address					Type*		M D Y		
City					State		Zip Code		
Form (Cash, Check, etc.)					Amount				
Full Name									
Address					Type*		M D Y		
City					State		Zip Code		
Form (Cash, Check, etc.)					Amount				
Full Name									
Address					Type*		M D Y		
City					State		Zip Code		
Form (Cash, Check, etc.)					Amount				
Full Name									
Address					Type*		M D Y		
City					State		Zip Code		
Form (Cash, Check, etc.)					Amount				
Full Name									
Address					Type*		M D Y		
City					State		Zip Code		
Form (Cash, Check, etc.)					Amount				
Full Name									
Address					Type*		M D Y		
City					State		Zip Code		
Form (Cash, Check, etc.)					Amount				
Full Name									
Address					Type*		M D Y		
City					State		Zip Code		
Form (Cash, Check, etc.)					Amount				

* 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.