

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Everyone for Ed Leonard							
Full Name Paypal				Registration Number, if PAC			
Address 1840 Embarcadero Rd		Type* R E		M 0	D 1	Y 0	Amount 0.05
City Palo Alto		State C A	Zip Code 94303	Form(Cash,Check,etc) EFT			
Full Name Paypal				Registration Number, if PAC			
Address 1840 Embarcadero Rd		Type* R E		M 0	D 1	Y 0	Amount 0.09
City Palo Alto		State C A	Zip Code 94303	Form(Cash,Check,etc) EFT			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	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, place the letters 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.