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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

			<u> </u>
Name of Committee in Full			
Thomas Hayes for Judge Commi	ttee		
Full Name			Registration Number, if PAC
TRANSFER OF TOTAL LOANS RE		131-C	
Address	Type*		M D Y Amount
	LN		1,580.72
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)
	1 1		
Full Name	<u> </u>	1	Registration Number, if PAC
Address	Type*		M D Y Amount
	1 1		
City	State	Zip Code	Form(Cash,Check,etc)
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Full Name	1	1	Registration Number, if PAC
			110000000000000000000000000000000000000
Address	Type*		M D Y Amount
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City	State	Zip Code	Form(Cash,Check,etc)
!	J. State	ZZP COOK	roim(casi,circa,car)
Full Name			Parity Number (CDAC)
rou Nane			Registration Number, if PAC
Address	T		V I B I V I I W
Address	Type*		M D Y Amount
C'A	5	2: 0.1	
City	State	Zip Code	Form(Cash,Check,etc)
		1	
Full Name			Registration Number, if PAC
	T :		
Address	Турс		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)
		<u> </u>	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
	1		

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

<sup>\*</sup> 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,