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R	C.	351	7.1	O(E	3

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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

				<u> </u>				
Name of Committee in Full								
Committee to Elect Gard			Registrat	ion No	ber if D	\C		
Full Name	. 21 (	1	Lugistrat	inum	. o., 11 F/			
Total loans received this period from Form	131-6		14	ر در	V	Amount	***************************************	
Address	Type* L N		M	D	Y	, moutt	350.00	
City	State	Zip Code	Form(Ca	sh,Check	(,etc)			
Full Name				tion Num	ber, if PA	AC		
	T.~.*		M	D	Y	Amount		
Address	Type*		-					
City	State	Zip Code		sh,Check				
Full Name				tion Num	ber, if P	AC		
Address	Type*		M	D	Y	Amount	XXVII.	
Address								
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)	795		
Full Name				tion Num	ber, if P.	AC		
Address	Type*		M	D	Y	Amount	***************************************	
Address				11000				
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount	***************************************	
		Trip Co. 4	E /=	ach C'	k etc'			
City	State	Zip Code		ash,Chec	**************************************			
Full Name				ation Nun	nber, if P	PAC		
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
						W.C.		
Full Name				ation Nur				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	Cash,Chec	k,etc)			
Full Name			Registration Number, if PAC					
	T		<u> </u>	T ::-		TA		
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	Cash,Che	ck,etc)			
					NAME OF THE OWNER			

Page Total \$ 350.00

<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,

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