

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Save Senior Services										
Full Name PayPal						Registration Number, if PAC				
Address 22 11 N. First Ave				Type* I N			M 0	D 4	Y 1	Amount 0.36
City San Jose		State C A		Zip Code 95131		Form(Cash,Check,etc) electronic				
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)				
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.