Page	<b>CONTRACTOR STATEMENT OF</b>

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

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Name of Committee in Full				***************************************			
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cas	sh,Check	,etc)		
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(Ca	sh,Check	t,etc)	The same of the sa	
Full Name			Registrat	ion Number, if PAC		C	
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Ca	sh,Check	c,etc)		
Full Name				Registration Number, if PAC			
Address	Туре*		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(Ca				
ull 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(Ca	sh,Cheel	k,etc)		

Page Total \$ 0.00

<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.