

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>SUPPORT LACORTE FOR MAYOR CAMPAIGN</b>					
Full Name <b>AMAZON.COM</b>				Registration Number, if PAC	
Address	Type*		M	D	Y
	RE		0	6	1
City	State	Zip Code			
SEATTLE	WA		7	1	5
			Form (Cash, Check, etc.)		Amount
			DEBIT		\$26.95
Full Name <b>CUSTOMINK</b>				Registration Number, if PAC	
Address	Type*		M	D	Y
PO BOX 759439	RE		0	6	2
City	State	Zip Code			
BALTIMORE	MD	21275	5	1	5
			Form (Cash, Check, etc.)		Amount
			DEBIT		\$43.55
Full Name <b>CUSOTMINK</b>				Registration Number, if PAC	
Address	Type*		M	D	Y
PO BOX 759439	RE		0	7	0
City	State	Zip Code			
BALTIMORE	MD	21275	2	1	5
			Form (Cash, Check, etc.)		Amount
			DEBIT		\$94.13
Full Name <b>FACEBOOK</b>				Registration Number, if PAC	
Address	Type*		M	D	Y
	SA				
City	State	Zip Code			
			Form (Cash, Check, etc.)		Amount
					-\$56.03
Full Name <b>SIGNS ON THE CHEAP</b>				Registration Number, if PAC	
Address	Type*		M	D	Y
11525A STONE HOLLOW DRIVE	RE		0	9	1
City	State	Zip Code			
AUSTIN	TX	78758	6	1	5
			Form (Cash, Check, etc.)		Amount
			DEBIT		\$97.10
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			
			Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			
	HO				
			Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
	RE				
City	State	Zip Code			
	OH				
			Form (Cash, Check, etc.)		Amount

\* 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, 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.

205.70

Page Total \$