

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends for Kiwan Lawson</b>						Registration Number, if PAC		
Full Name <b>Square</b>						Registration Number, if PAC		
Address		Type*	M		D	Y	Amount	
		R   E	0   2		2   5	1   5	0.49	
City		State	Zip Code		Form(Cash,Check,etc)			
		I			EFT			
Full Name <b>Paypal</b>						Registration Number, if PAC		
Address		Type*	M		D	Y	Amount	
1840 Embaracadero Road		R   E	0   3		2   4	1   5	0.08	
City		State	Zip Code		Form(Cash,Check,etc)			
Palo Alto		C   A	94303		EFT			
Full Name <b>Paypal</b>						Registration Number, if PAC		
Address		Type*	M		D	Y	Amount	
1840 Embaracadero Road		R   E	0   3		2   4	1   5	0.12	
City		State	Zip Code		Form(Cash,Check,etc)			
Palo Alto		C   A	94303		EFT			
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.