

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Citizens for Kim Meggard</i>					
Full Name <i>Check #1040 to WCCA was never cashed.</i>				Registration Number, if PAC	
Address <i>Amount remained in</i>		Type* <i>uncashed check</i>	M D Y		Amount <i>100.00</i>
City <i>bank acct.</i>		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.)
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, 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.

100.00