

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Com	mittee in Full COMM (TE	70 SA	12 5	Evin S	SERV1	;cE	S		
Full Name	WOIDED OHE	ict Fran	200	8	Registr	ation Nurr	ber, if P/	VC .	
Address			Type*		М	D	Y	Amount 51.71	
City			State	Zip Code	Form(C	ash,Checl	k.etc)		
Full Name		•	· · · · · ·		Registr	ation Nur	iber, if P/	NC .	
Address			Type*		M	D	Y	Amount	
City			State	Zip Code	Form(C	Cash,Checl	k,etc)		
Full Name					Registr	Registration Number, if PAC			
Address			Type*	4 4 4 4	M	D	Ϋ́	Amount	
City			State	Zip Code	Form(C	Cash,Chec	k.etc)	and the state of t	
Full Name		<u> </u>	<u> </u>		Registr	ation Nun	nber, if P	AC	
Address			Туре*		M	D	Y	Amount	
City			State	Zip Code	Form(C	Cash,Chec	k.etc)		
Full Name					Registr	Registration Number, if PAC			
Address			Type*	nas y	M	D	Y	Amount	
City			State	Zip Code	Form(C	Cash,Check	k,etc)		
Full Name						Registration Number, if PAC			
Address			Type*		M	D I	Y	Amount	
City			State	Zip Code	Form(C	Cash.Chec	k,etc)	Carrier Control	
Full Name				<u> </u>	Registr	ation Nun	nber, if P	AC.	
Address			Type*		M I	D	Y	Amount	
City			State	Zip Code	Form(C	Cash,Chec	k,etc)		
Full Name	ull Name					Registration Number, if PAC			
Address			Type*		* - M	D	Y	Amount	
City	,		State	Zip Code	Form(C	Cash,Chec	k,etc)		
			j					E	

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total S

^{*} 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 canned by the committee.