3	1-	A-2	
R	C.	3517.	10(B)

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Committee to Elect Bud Zappitelli Trus	tee			Secondaria de la constanta de	Management				
Full Name					ber, if PA	\C			
Total loans received this period from Forn									
Address	Type*		M	D	Y	Amount 1,400.00			
City	State	Zip Code	Form(Ca	ash,Check	c,etc)				
Full Name				Registration Number, if PAC					
Address	Туре*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M	D	Y	Amount			
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)					
Full Name					Registration Number, if PAC				
Address	Type*		М	D	Y	Amount			
City	State	Zip Code	Form(C	Form(Cash,Check,etc)					
Full Name				ntion Num	ber, if Pa	AC			
Address	Type*		M	D	Y	Amount			
City	State	Zip Code		Form(Cash,Check,etc)					
Full Name	Full Name				iber, if Pa	AC			
Address	Type*		М	D	Y	Amount			
City	State	Zip Code		Form(Cash,Check,etc)					
Full Name					Registration Number, if PAC				
Address	Type*		М	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)					
II Name			Registration Number, if PAC						
Address	Type*		M	D	Y	Amount			
City	State	Zip Code	Form(C	Cash,Chec	ck,etc)				

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

Page Total \$ 1.4(0()()

^{*} 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,