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Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Rick Brown for Judge			
Full Name			Registration Number, if PAC
Paypal-account verification			
Address	Type*	15 × 15 × 15 × 15 × 15 × 15 × 15 × 15 ×	M D Y Amount
2211 N. First St.	RE		0 4 0 8 0 9 \$0.14
City	,	Zip Code	Form (Cash, Check, etc.)
San Jose	CA	95131	electronic transfer
Full Name			Registration Number, if PAC
Paypal-account verification	295 1 -1		M D V Amount
Address	Type*		M D Y Amount 0 4 0 8 0 9 \$0.06
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City	State	Zip Code	electronic transfer
San Jose	CA	95131	Registration Number, if PAC
Full Name			regionation transcot, it i ac
	Tunc*		M D Y Amount
Address	Type*		
City	RE _	Zip Code	Form (Cash, Check, etc.)
City	OH	Lap Code	
T. U No.	VII		Registration Number, if PAC
Full Name			,
Address	Type*		M D Y Amount
Audi C99	RE		
City	KE State	Zip Code	Form (Cash, Check, etc.)
City	OH	T	
Full Name	UII	J	Registration Number, if PAC
A GILLA COMMO			
Address	Type*		M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name	-		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name		300000000000000000000000000000000000000	Registration Number, if PAC
	M		
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

0.20

Page Total \$

^{*} 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.