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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Friends of Marilyn Brown			
Full Name	Registration Number, if PAC		
Loans received this period from	form No. 31-C		
Address	Type*		M D Y Amount
Address	i i		1,000.00
	L N	7. 0.1-	Form(Cash,Check,etc)
City	State	Zip Code	Form(Cash, Check, etc)
Full Name			Registration Number, if PAC
Address	Typę*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
,			
Full Name			Registration Number, if PAC
Tun ramo			
Address	Type*		M D Y Amount
Address	Type		
		g: 0 l	Farm (Carl Charlester)
City	State	Zip Code	Form(Cash,Check,etc)
Full Name			Registration Number, if PAC
-			
Address	Type*	i i	M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name			Registration Number, if PAC
riii Naine			
	Type*		M D Y Amount
Address	Туре		TVI D I I I I I I I I I I I I I I I I I I
City	State	Zip Code	Form(Cash,Check,etc)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
<del>"</del>			
City	State	Zip Code	Form(Cash,Check,etc)
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Full Name			Registration Number, if PAC
run ivanic			
	Type*		M D Y Amount
Address	Type		TVI D I Minount
		"   G   1	
City	State	Zip Code	Form(Cash,Check,etc)
		<u></u>	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	1		
City	State	Zip Code	Form(Cash,Check,etc)
	1		
I .	l		

<sup>\*</sup> 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.