

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens to Elect Mike Schadek							
Full Name PayPal				Registration Number, if PAC			
Address 2211 North First St		Type* test		M 0	D 4	Y 2	Amount 0.13
City San Jose	State C	A A	Zip Code 95131	Form(Cash,Check,etc) credit card			
Full Name PayPal				Registration Number, if PAC			
Address 2211 North First St		Type* test		M 0	D 4	Y 2	Amount 0.09
City San Jose	State C	A A	Zip Code 95131	Form(Cash,Check,etc) credit card			
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, 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.