

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full									
CITIZENS FOR CARRIER									
Full Name				Registration Number, if PAC					
LOANS RECEIVED FROM FORM 31-C									
Address		Type*		M	D	Y	Amount		
		L	N				2,500.00		
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)						
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.