

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jim Reese							
Full Name Paypal				Registration Number, if PAC			
Address 2211 N 1st St		Type* R E		M 0	D 9	Y 1	Amount 0.16
City San Jose		State C A		Zip Code 95131		Form(Cash,Check,etc) EFT	
Full Name Paypal				Registration Number, if PAC			
Address 2211 N 1st St		Type* R E		M 0	D 9	Y 1	Amount 0.14
City San Jose		State C A		Zip Code 95131		Form(Cash,Check,etc) EFT	
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.