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R	C	351	7.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full											
Citizens for Chris Long						Registration Number, if PAC					
Full Name			1.060			,					
From Form 31-C	T:*		M!	\neg	D	YI	Ame	ount			
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				Registration Number, if PAC							
Full Name			Regis	stration	ı Numbe	er, ii PA	C				
Address	Type*		M	1	P	Y	Am	ount			
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City	State	Zip Code	Form	n(Casl	ı,Check	etc)					
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Full Name	Reg	Registration Number, if PAC									
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Address	Type*		М		D	Y	Ar	nount			
a room own											
City	State	Zip Code	Forr	n(Casl	h Check	etc)					
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Full Name	Reg	Registration Number, if PAC									
Lan ingree											
\(\frac{1}{2}\)	Type*		M		D	Y	Aı	nount			
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0.701			Res	Registration Number, if PAC							
Full Name											
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	Rec	vistrati	ion Num	nber, if P	AC						
Full Name			1,00	C-~ 1411		,	-				
	77		M	41	D	Y	IA	mount			
Address	Type*		IV.	'		Ι,	' '				
		7. C. J	C.s.	rm(Cc	sh,Chec	ketc)					
City	State	Zip Code	roi	uu(Vil	JA 1, CL HEC	.,uu)					
	61.6			unasched check or the							

* 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.