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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full			i									
Friends of Marilyn Brown			15			1 '65'						
Full Name		Registration Number, if PAC										
Loans received this period fro	om form No. 31-C			1/	T 5	I v	14					
Address	Type*			M	D	Y	Amount	83,000.00				
City	State	Zip Code]	Form(Ca	sh,Check	c,etc)						
Full Name		Registration Number, if PAC										
Address	Type*			M 	D 	Y Y	Amount					
City	State	Zip Code	1	Form(Ca	sh,Check	(,etc)						
Full Name	Vame						Registration Number, if PAC					
						_						
Address	Type*			M 	D	Y	Amount					
City	State	Zip Code		Form(Cash,Check,etc)								
Full Name	I	Registration Number, if PAC										
							T					
Address	Type*			M 	D	Y	Amount					
City	State	Zip Code]	Form(Ca	sh,Check	c,etc)						
Full Name	Full Name						Registration Number, if PAC					
A 11	Type*			M	D	Y	Amount					
Address												
City	State	Zip Code	I	Form(Cash,Check,etc)								
Full Name	Full Name					Registration Number, if PAC						
Address	Type*			M	D	Y	Amount					
						<u>L</u>						
City	State	Zip Code		Form(Ca	sh,Check	c,etc)						
Full Name		I	Registration Number, if PAC									
Address	Type*			M	D	Y	Amount					
City	State	Zip Code	I	Form(Ca	sh,Check	(,etc)						
Full Name	<u> </u>	ı	I	Registra	tion Num	ber, if PA	ıC					
Addings	Type*			M	D	Y	Amount					
Address							. Hilount					
City	State	Zip Code	·	Form(Ca	sh,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.