Page	2
1 450	

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee to Re-Elect Marc Sch	are						
Full Name			Registra	Registration Number, if PAC			
<u>Ch</u> ase Bank							
Address	Type*	2. 2.	M	D	Y	Amount	
7675 Sawmill Road	$R \mid E$		1 2	0 5	113	30.00	
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Full Name	• •			tion Nun		AC	
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Спу	State	Zip Code	Form(Ca	ish,Chec	K,eic)	176	
Full Name			D !	X T	.L 'Cn		
rul Name			Registra	tion Nun	iber, ii i'	AC .	
Address	T*				1 1/	<u> </u>	
vidutess	Type*		. M	D	Y	Amount	
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Full Name			Registra	tion Nuit	iber, if P.	AC	
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Full Name			Registra	Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
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City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
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Full Name			Registra	tion Nun	iber, if P		
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Address	Type*	7 4 2	M	D	Y	Amount	
			<i>!</i>				
City	State	Zip Code	Form(Ca	ish,Chec	k,etc)		

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	30.00
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^{*} 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,