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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Citizens for Shane Ewald								
Full Name			Registra	tion Nu	mber	, if PA	C	
Paypal - account deposit								
Address	Type*		M	D	- [Y	Amount	
2211 North First Street	R E		0 9			1 1		0.08
City	State	Zip Code	Form(Ca			c)		
San Jose	<u>C A</u>	95131	cash					
Full Name			Registration Number, if PAC					
Address	Type*		М	D	Т	Y	Amount	
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City	State	Zip Code	Form(Ca	ash,Che	ck et	ic)		
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Full Name			Registra	Registration Number, if PAC				
Address	Type*		M	Ð		Y	Amount	
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City	State	Zip Code	Fолп(C:	ash,Che	ck,et	c)		
Full Name	<u> </u>		Registra	tion Nu	mber	r if PA	Ĉ	
t da 1 vanit		Registration Number, if PAC						
Address	Type*		M	D	Т	Y	Amount	
			1					
City	State	Zip Code	Form(Ca	ash,Che	ck,et	 ic)		
Full Name	<u> </u>		Registra	tion Nu	mber	r, if PA	С	
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City	State	Zip Code	Form(C	ash,Che	ck,et	c)		
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Full Name			Registration Number, if PAC					
Address				I 15		- T	T	
Address	Type*		M	D		Y I	Amount	
City	State	Zip Code	Form(Ca	ach Cha	ck et	 c		
City	Siate	Zip Code	Tomice	asii,Ciic	,	(C)		
Full Name	<u> </u>		Registration Number, if PAC					
Address	Type*		M	D	Т	Y	Amount	
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City	State	Zip Code	Form(C	ash,Che	ck et	(c)		
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ull Name		Registra	ition Nu	ımber	r, if PA	С		
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Address	Type*		M	D	Γ	Y	Amount	
					\bot			
City	State	Zip Code	Form(C	ash,Che	ck,et	ic)		

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

Page Total \$ 0.08

^{*} 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 carned by the committee,