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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Keck for Council Full Name Registration Number, if PAC								
Full Name				tion Numl	ber, if PA	\C		
Loans Received from Form 31-C	77°. 4		L.	T)	\$7	Amount		
Address	Type*		M	D	Y	Amount 1,100.00		
City	State	Zip Code	Form(Ca	ish,Check				
Full Name				Registration Number, if PAC				
Address	Type*	1.1.1	M	D	Y	Amount		
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)				
Il Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					
Full Name				Registration Number, if PAC				
Address	Type*	74 (2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	М	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					
Full Name				Registration Number, if PAC				
Address	Туре*	100	М	D	Y	Amount		
City	State	Zip Code		Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC				
Address	Type*	W. J.	M	D	Y	Amount		
City	State	Zip Code	10 January	ash,Check				
Full Name			Registra	Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code		Form(Cash,Check,etc)				
Full Name			Registra	Registration Number, if PAC				
Address	Type*	36	M	D	Y	Amount		
City	State	Zip Code	Form(C:	Form(Cash,Check,etc)				

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

^{*} 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,