Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens For Foll	ton)		
Turi valid	11)	Registration Number, if PAC
Address Address	Type*		M. D. M.
4541 Bent Creek Place	2 LN	, s.	102215 Amount 000
City Crove C. L.	State	Zip Code	Form (Cash, Check, etc.)
Full Name	DA	43123	Registration Number, if PAC
Address	2/tox	<u> </u>	registration, it mo
4541 Bent Crook Pay	Type*		M D 29 15 Amount 2005
City Crose City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		43123	Registration Number, if PAC
Address			
	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Post of Market No. 1
			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u>.</u>		Registration Number, if PAC
Address	Type*		18 19 198
	-284		M. D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>		Registration Number, if PAC
Address	Type*		M
	1340		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
full Name			Registration Number, if PAC
Address	T*		
	Type*	Later of the said said the said	M D Y Amount
Dity	State	Zip Code	Form (Cash, Check, etc.)
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Page Total \$ (2000)

^{*} 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, 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.