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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Judge Amy Salerno			
Full Name			Registration Number, if PAC
Transferred from 31-C Statement of Loans	s Received	l	
Address	Type*		M D Y Amount
	1		25,000.00
City	State	Zip Code	Form(Cash,Check,etc)
	İ	1	
Full Name	1		Registration Number, if PAC
Address	Type*		M D Y Amount
	1		
City	State	Zip Code	Form(Cash,Check,etc)
	ļ		
Full Name	<u> </u>		Registration Number, if PAC
i on itolies			registration resident, in the
Address	Type*		M D Y Amount
Address	Type		M D t Amount
O'L.	Bt-4-	7:- 0-1-	F(C-1 C)-1-4
City	State	Zip Code	Form(Cash,Check,etc)
5	<u> </u>		
Full Name			Registration Number, if PAC
			the state of the s
Address	Type*		M D Y Amount
	<u> </u>		
City	State	Zip Code	Form(Cash,Check,etc)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	1		
City	State	Zip Code	Form(Cash,Check,etc)
		ł	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	1		
City	State	Zip Code	Form(Cash,Check,etc)
	1		
Full Name			Registration Number, if PAC
,			
Address	Type*		M D Y Amount
	-54		
City	State	Zip Code	Form(Cash,Check,etc)
City	Since	Zap Code	Total Casa, Check, Sto)
Full Name	<u> </u>	<u></u>	Registration Number, if PAC
T mit 1/ditire			Registration remoet, in PAC
Address	T 'τ*		M D Y Amount
Address	Type*		M D Y Amount
C	C .	7: 0.4	Francisco Charlesto
City	State	Zip Code	Form(Cash,Check,etc)
	1		

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

Page Total \$ 25.000.00

^{*} 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,