Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full		
Friends of Randy Reisling		
Full Name		Registration Number, if PAC
Loan Transfer from form C		
Address	Type*	M D Y Amount
	<u> </u>	1 0 2 9 0 7 1,000.00
City	State Zip Coo	
		Transfer
Full Name	•	Registration Number, if PAC
Address	Type*	M D Y Amount
City	State Zip Coo	de Form(Cash,Check,etc)
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
City	State Zip Coo	de Form(Cash, Check, etc)
	1 1 1	
Full Name	1 1	Registration Number, if PAC
		1
Address	Type*	M D Y Amount
City	State Zip Coo	de Form(Cash,Check,etc)
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
City	State Zip Co	de Form(Cash,Check,etc)
	1 1	
Full Name	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Address	Type*	M D Y Amount
City	State Zip Co	de Form(Cash,Check,etc)
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
	1	
City	State Zip Co	de Form(Cash,Check,etc)
Full Name	<u> </u>	Registration Number, if PAC
Address	Type*	M D Y Amount
City	State Zip Co	de Form(Cash,Check,etc)
l [*]		
* Place the two letter ands in the Time block force letter	w ner country) which indicates the nature of the	Other Income Received: RE for a refund, uncashed check as the

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

Page Total \$ 1 000 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 earned by the committee,