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R	C.	35	17.	10(B)

Page	2

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee S. P. III			
Name of Committee in Full Citizens for Repul Discolar tons	io		
Citizens for Beryl Piccolanton: Full Name	10		Davistantian Number 160AC
			Registration Number, if PAC
Transfer from form 31c Address	Type*	-	M I D I V I Amount
Muness	Type		M D Y Amount 2,188.33
City	State	Zip Code	Form(Cash,Check,etc)
Full Name	<u> </u>		Registration Number, if PAC
	<u> </u>		
Address	Type*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name	1 !	<u> </u>	Registration Number, if PAC
Address			
Address	Type*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name	I	I	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 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
	1 .,,,	_	
City	State	Zip Code	Form(Cash,Check,etc)
Full Name	<u> </u>	<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
Full Name	!	i	Registration Number, if PAC
Address	Type*		M D Y Amount
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 \$ 2.188.33

^{*} 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,