

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full FRANKLIN COOUNTY DEMOCRATIC PARTY-CAMPAIGN ACCOUNT									
Full Name Verizon Wireless					Registration Number, if PAC				
Address PO Box 4022		Type* R E				M 0	D 3	Y 1	Amount 153.60
City Ackworth		State G A		Zip Code 30101		Form(Cash,Check,etc) check			
Full Name Jennifer Dillard					Registration Number, if PAC				
Address 898 Chelsea Ave.		Type* R E				M 0	D 3	Y 1	Amount 34.00
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)			
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)			

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