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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Friends of Joe Begeny							
Full Name			Registra	tion Num	ber, if PA	\C	
Paypal							
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Address	Type*		M	D	Y	Amount	
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City	State	Zíp Code	Form(Ca	ash,Checl	c,etc)		
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* Place the two letter code in the Type block (one letter	r per square) which indicates the natu	re of the Other Income Recei	ived: RF for a	refund 1	neashed o	check or the	

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

Page Total \$	0.27
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^{*} 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 retund, 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,