

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Citizens Committee for Persons with D.D.					
Full Name					Registration Number, if PAC
none					
Address	Type*		M	D	Y
			1	2	0
			9	1	1
City	State	Zip Code	Amount		
			0.00		
Form (Cash, Check, etc)					
Full Name					Registration Number, if PAC
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc)					
Full Name					Registration Number, if PAC
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc)					
Full Name					Registration Number, if PAC
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc)					
Full Name					Registration Number, if PAC
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc)					
Full Name					Registration Number, if PAC
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc)					
Full Name					Registration Number, if PAC
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc)					
Full Name					Registration Number, if PAC
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
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.