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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full								
I .								
Committee to Re-Elect Judge Bender				marine atomission				
Transfer from Form 31-C			Registra	ition Nun	iber, if P	AC		
Address	T*			T ==	7-32	Т	***************************************	
	Type*		M	D	Y 	Amount	100.00	
City	State	Zip Code	Form(C	ash,Checl	k,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		M	1 5	T 3/	14	······································	
	Type		IVI	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Checl	k,etc)			
Full Name			Registration Number, if PAC					
Address	Type*		М	D	Y	Amount		
			THE STATE OF THE S	***************************************		:		
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
				Water -				
City	State	Zip Code	Form(C	ash,Checl	k,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	***************************************	
City	Gt. (7. 6.1						
Cny	State	Zip Code	Form(C	ash,Checl	k,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
Full Name			Registration Number, if PAC					
Address	Tuesa*		N	IB	ΙV	[Amount	······································	
	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Check	k,etc)			

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

Page Total \$	100.00_
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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 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,