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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Friends of Kelly Cruse								
ll Name				Registration Number, if PAC				
Paypal								
Address	Type*		М	D	Y	Amount		
2211 North First St	$R \mid E$		0 3	0 1	1 7		0.12	
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San Jose	C A	95131	`	EFT				
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Paypal			Registre	inon right	1001, 11 1 7	ic		
Address	Type*		14	D	Y	14		
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Full Name			Registra	Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
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Address	Type*		М	D	Y	Amount		
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City	State	Zip Code	Form(C	ash,Chec	k.etc)			
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Full Name	ıll Name			Registration Number, if PAC				
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Address	Type*		M	D	Y	Amount		
	7,744		141		1	I mount		
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City	State	Zip Code	romi(C	ash,Checl	k,etc)			
E. II N.				2 1 102 0				
Full Name			Registra	Registration Number, if PAC				
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Address	Type*		M	D	Y	Amount		
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City	State	Zip Code	Form(C	ash,Checl	k,etc)			
Full Name			Registra	Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
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City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
	:							
Full Name		<u> </u>	Registra	tion Num	ber, if PA	C		
Address	Type*		М	D	Y	Amount		
					1			
City	State	Zip Code	Form(C	ash,Checl	k.etc)			
	1		(0.	,	,/			
L								

Page Total \$ 0.28

^{*} 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.