

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Libertarian Party					
Full Name US Bank			Registration Number, if PAC		
Address PO Box 1600	Type* IN		M 07	D 31	Y 15
City St Paul	State MN	Zip Code 55101	Amount .02		
Form (Cash, Check, etc.) Bank int.					
Full Name US Bank					
Registration Number, if PAC					
Address PO Box 1800	Type* IN		M 08	D 31	Y 15
City St Paul	State MN	Zip Code 55101	Amount .02		
Form (Cash, Check, etc.) Bank int.					
Full Name US Bank					
Registration Number, if PAC					
Address PO Box 1600	Type* IN		M 10	D 30	Y 15
City St Paul	State MN	Zip Code 55101	Amount .02		
Form (Cash, Check, etc.) Bank int.					
Full Name US Bank					
Registration Number, if PAC					
Address PO Box 1800	Type* IN		M 11	D 30	Y 15
City St Paul	State MN	Zip Code 55101	Amount .02		
Form (Cash, Check, etc.) Bank int.					
Full Name US Bank					
Registration Number, if PAC					
Address PO Box 1800	Type* IN		M 12	D 31	Y 15
City St Paul	State MN	Zip Code 55101	Amount .04		
Form (Cash, Check, etc.) Bank int.					
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		
Full Name					
Registration Number, if PAC					
Address	Type*		M	D	Y
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, 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.