Statement of Other Income

Page ____

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Fronklin (ounty Libertalian Party			
S Bank		7	Registration Number, if PAC
Po Box 1600	Type*		M 3115 Amount 62
City St Paul	State	Zip Code 5510 [Form (Cash, Check, etc.) Bankind
Full Name US Ran K		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
PO BOX 1800	Type*		M B Y Amount
City St Pool	State	Zip Code 55101	Form (Cash, Check, etc.) Bank At
Full Name	<u> </u>	78.	Registration Number, if PAC
Address PO Box 1600	(Y		M D Y Amount
City Si Paul	N State	Zig Code 55161	Form (Cash, Check, etc.) Book (M
Full Name US Bank	· · · · ·	,	Registration Number, if PAC
Address Pa Bosa 1860	Type*		M B Y Amount 32
City St Paul	M State	Zip Code 55101	Form (Cash. Check, etc.)
Full Name			Registration Number, if PAC
Address RO BOX 18CD	l V		1 2 3 1 5 Amount
City St Paul	State	5501	Form (Cash, Check, etc.) Bank for
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		·	Registration Number, if PAC
Address	Type*		M D Y Amount
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.