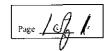
## **Statement of Other Income**



Prescribed by Secretary of State 2/01

Name of Committee in Full  City Zen for Bery [  Full Name Of A Committee in Full  Full Name Of A Committee i	). And	Lerson	
Full Name	,,,,		Registration Number, if PAC
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city (Salanna	State	Zip Code	Form (Cash, Check, etc.)
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City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>	<u>                                     </u>	Registration Number, if PAC
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City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		<u> </u>	Registration Number, if PAC
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Full Name	<u>                                     </u>		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Fult Name	I	I.	Registration Number, if PAC
Address	Type*	A Company of the Comp	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)

Page Total \$ \_D, \&\_

<sup>\*</sup> 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.