

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full		Registration Number, if PAC	
GLASGOW FOR COUNCIL			
Full Name		Registration Number, if PAC	
FORM 31-C, STATEMENT OF LOANS RECEIVED			
Address	Type*	M D Y	Amount
	L N	0 8 1 7 1 5	2,000.00
City	State	Zip Code	Form(Cash,Check,etc)
			CHECK
Full Name		Registration Number, if PAC	
Address		M D Y	
City		Form(Cash,Check,etc)	
Full Name		Registration Number, if PAC	
Address		M D Y	
City		Form(Cash,Check,etc)	
Full Name		Registration Number, if PAC	
Address		M D Y	
City		Form(Cash,Check,etc)	
Full Name		Registration Number, if PAC	
Address		M D Y	
City		Form(Cash,Check,etc)	
Full Name		Registration Number, if PAC	
Address		M D Y	
City		Form(Cash,Check,etc)	
Full Name		Registration Number, if PAC	
Address		M D Y	
City		Form(Cash,Check,etc)	
Full Name		Registration Number, if PAC	
Address		M D Y	
City		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, 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.