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F	t.C.	35	17.	100	B

Statement of Other Income

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Trull						
Name of Committee in Full STAGE FOR WINLY Full Name ("HECK 4/18 NOT CASNE) Address "BIGGAMEPTGUN" City OC COU'N LOTEN State State Zip Code Registration Number, if PAC Registration Number, if PAC Full Name Registration Number, if PAC						
CHECK #118 NOT PASH	41)		Registration Number, if PAC			
"BIGGAMEProjuni"	Type*		M 1 2 0 15 Amount 495 00			
city Sec Cover Letter	State	Zip Code	Form (Cash, Check, etc.)			
Full Name HEGGE # 199 Re Address "Frank 4 Jaff Dovió"	Registration Number, if PAC					
"Frank 4 Jaff Joyis"	Type*	`, .	M 2 0 1 Amount 250 00			
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.)			
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*	2.0	M D Y Amount			
City	State	Zip Code	Form (Cash, Check, etc.)			
Full Name	Registration Number, if PAC					
Address	Type*	A.S.	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.)			

Page Total \$ 745 exp

^{*} 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.