

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Citizens for Stephanie McCloud									
Full Name						Registration Number, if PAC			
Paypal-account verification									
Address			Type*			M	D	Y	Amount
2211 North First St.			IN			0	8	1	\$0.03
City			State	Zip Code		Form (Cash, Check, etc.)			
San Jose			CA	95131		electronic transfer			
Full Name						Registration Number, if PAC			
Paypal-account verification									
Address			Type*			M	D	Y	Amount
2211 North First St.			IN			0	8	1	\$0.04
City			State	Zip Code		Form (Cash, Check, etc.)			
San Jose			CA	95131		electronic transfer			
Full Name						Registration Number, if PAC			
Patriot Signage, Inc.									
Address			Type*			M	D	Y	Amount
1001 Second Ave.			RE			1	0	2	\$2,443.00
City			State	Zip Code		Form (Cash, Check, etc.)			
Dayton			KY	41074		check			
Full Name						Registration Number, if PAC			
Address			Type*			M	D	Y	Amount
			RE						
City			State	Zip Code		Form (Cash, Check, etc.)			
			OH						
Full Name						Registration Number, if PAC			
Address			Type*			M	D	Y	Amount
			RE						
City			State	Zip Code		Form (Cash, Check, etc.)			
			OH						
Full Name						Registration Number, if PAC			
Address			Type*			M	D	Y	Amount
			RE						
City			State	Zip Code		Form (Cash, Check, etc.)			
			OH						
Full Name						Registration Number, if PAC			
Address			Type*			M	D	Y	Amount
			RE						
City			State	Zip Code		Form (Cash, Check, etc.)			
			OH						
Full Name						Registration Number, if PAC			
Address			Type*			M	D	Y	Amount
			RE						
City			State	Zip Code		Form (Cash, Check, etc.)			
			OH						