

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Rhodes									
Full Name Paypal-account verification					Registration Number, if PAC				
Address 2211 North First St.		Type* IN			M 0	D 8	Y 0	Amount \$0.18	
City San Jose		State CA		Zip Code 95131	Form (Cash, Check, etc.) electronic transfer				
Full Name Paypal-account verification					Registration Number, if PAC				
Address 2211 North First St.		Type* IN			M 0	D 8	Y 0	Amount \$0.15	
City San Jose		State CA		Zip Code 95131	Form (Cash, Check, etc.) electronic transfer				
Full Name Jeffrey D. Kaplan-LOAN					Registration Number, if PAC				
Address 7373 Christie Chapel Rd.		Type* LN			M 0	D 5	Y 2	Amount \$1,000.00	
City Dublin		State OH		Zip Code 43017	Form (Cash, Check, etc.) check				
Full Name					Registration Number, if PAC				
Address		Type* RE			M	D	Y	Amount	
City		State OH		Zip Code	Form (Cash, Check, etc.)				
Full Name					Registration Number, if PAC				
Address		Type* RE			M	D	Y	Amount	
City		State OH		Zip Code	Form (Cash, Check, etc.)				
Full Name					Registration Number, if PAC				
Address		Type* RE			M	D	Y	Amount	
City		State OH		Zip Code	Form (Cash, Check, etc.)				
Full Name					Registration Number, if PAC				
Address		Type* RE			M	D	Y	Amount	
City		State OH		Zip Code	Form (Cash, Check, etc.)				
Full Name					Registration Number, if PAC				
Address		Type* RE			M	D	Y	Amount	
City		State OH		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.