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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				ranglar wittiggans coars			
Committee for Dewey Stokes							
full Name			Registration Number, if PAC				
Check 1728 had never cleared at time of account closing - stopped			l pay	ment			
Address	Type*		M	D	Y	Amount	
	IN		$0 \mid 4$		1 0	125.00	
City	State	Zip Code	Form(Ca	ash,Check	(,etc)		
D (13)				Designation Number is DAC			
Full Name			Registra	Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
, Kun vou	.,,,,,				***************************************		
City	State	Zip Code	Form(C	ash,Check	ι,etc)		
Full Name			Registra	Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Check	(etc)		
City	y State Zip Code			, C11CUI	,)		
Full Name	1		Registra	Registration Number, if PAC			
w							
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(C	Form(Cash,Check,etc)			
			De-				
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
A AGGINGS	,,,,,,						
City	State	Zip Code	Form(C	ash,Checl	k,etc)		
Full Name			Registration Number, if PAC				
					T		
Address	Type*		M	D	Y	Amount	
C).	C1-1-	Zin Codo	Form (C	Cash,Check	k etc)		
City	State	Zip Code	1 orm(C	asn, CHCC	K,CIUJ		
Full Name			Registration Number, if PAC				
			5.2.3.				
Address	Type*		М	D	Y	Amount	
	The second second		1				
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
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^{*} 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.