

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Committee for Dewey Stokes							
Full Name				Registration Number, if PAC			
US Bank							
Address	Type*		M	D	Y	Amount	
P.O. Box 524	I N		0 9	1 7	0 5	1,085.67	
City	State	Zip Code	Form(Cash, Check, etc)				
St. Louis	M O	63166	To CD				
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.