

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Dewey Stokes							
Full Name Check 1728 had never cleared at time of account closing - stopped payment					Registration Number, if PAC		
Address	Type*		M	D	Y	Amount	
	I N		0	4	1 6 1 0	125.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name Dewey Stokes*					Registration Number, if PAC		
Address	Type*		M	D	Y	Amount	
750 Willow Bend Lane	I N		0	4	1 6 1 0	45.07	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43204	Check				
*Account overdrawn at time of closing. Personal check written to cover charges.							
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*		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)				

* 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.

Page Total \$ 170.07