Page	1
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Statement of Other Income

Prescribed by Secretary of State 2/01

			 				
Name of Committee in Full							
Committee for Dewey Stokes							
Full Name				Registration Number, if PAC			
U.S. Bank							
Address	Type*		M	D	Y	Amount	
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City	State	Zıp Code		ash,Check	,etc)		
St. Paul	M N	55101	l E	lectro	nic		
Full Name		<u> </u>		ation Num		С	
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Address	Type*		М	D	Y	Amount	
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City	State	Zıp Code	rom(C	ash,Check	(,etc)		
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
				1		i	
City	State	Zıp Code	Form(C	ash,Check	,etc)		
Full Name		<u></u>	Registra	ation Num	ber, if PA	C	-
				Acquisition Admitos, N. 1710			
Address	Type*		М	D	Y	Amount	
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				<u> </u>			
City	State	Zıp Code	Form(C	ash,Check	(,etc)		
Full Name			Registra	tion Num	ber, ıf PA	C	
Address	Type*		М	D	Y	Amount	
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City	State	Zıp Code	Form(C	ash,Check	etc)		
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Full Name				Registration Number, if PAC			
run Name				Registration (vanioe), it i AC			
Address	T 75	.	- 1	T 5		I	
Address	Type*		M	D D	Y	Amount	
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City	State	Zıp Code	Form(C	ash,Check	,etc)		
Full Name				Registration Number, if PAC			
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Address	Type*		М	D	Y	Amount	
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Cıty	State	Zıp Code	Form(C	ash,Check	eto\		_
ony .	State	Zip Code	I dilli(C	asii,Ciicck	.,610)		
PHY							
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	•
	1						
City	State	Zıp Code	Form(C	ash,Check	,etc)		
	1	1	1				

* 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 \$ _____30.00_