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Statement of Other Income

Prescribed by Secretary of State 2/01

	rescribed by Sec	retary of State 2/01		
Name of Committee in Full				
Committee to Elect Brad McCloud				
Full Name			Registration Number, if PAC	
Fifth Third Bank				
Address	Type*		M D Y Amount	
21 E State Street	IN		0 9 0 9 1 9	0.01
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH	43215	ach	
Full Name			Registration Number, if PAC	
Fifth Third Bank		<u> </u>		
Address	Type*		M D Y Amount	
21 E State Street	LN		1 0 0 9 1 9	0.01
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43215	ach	
Full Name			Registration Number, if PAC	
Fifth Third Bank				
Address	Type*		M D Y Amount	
21 E State Street	IN		1 1 0 9 1 9	0.01
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH	43215	ach	
Full Name			Registration Number, if PAC	
Fifth Third Bank Address				
	Type*		M D Y Amount	0.04
21 E State Street	IN		1 2 0 9 1 9	0.01
Columbia	State	Zip Code	Form(Cash,Check,etc)	
Columbus Full Name	OH	43215	ach	
ruii Name			Registration Number, if PAC	
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SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$____0.04_

^{*} 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,