

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Rhodes</b>							
Full Name Paypal-account verification				Registration Number, if PAC			
Address 2211 North First St.		Type* <b>IN</b>		M 0	D 8	Y 0	Amount \$0.18
City San Jose		State <b>CA</b>	Zip Code 95131	Form (Cash, Check, etc.) electronic transfer			
Full Name Paypal-account verification				Registration Number, if PAC			
Address 2211 North First St.		Type* <b>IN</b>		M 0	D 8	Y 0	Amount \$0.15
City San Jose		State <b>CA</b>	Zip Code 95131	Form (Cash, Check, etc.) electronic transfer			
Full Name Jeffrey D. Kaplan-LOAN				Registration Number, if PAC			
Address 7373 Christie Chapel Rd.		Type* <b>LN</b>		M 0	D 5	Y 2	Amount \$1,000.00
City Dublin		State <b>OH</b>	Zip Code 43017	Form (Cash, Check, etc.) check			
Full Name				Registration Number, if PAC			
Address		Type* <b>RE</b>		M	D	Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* <b>RE</b>		M	D	Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* <b>RE</b>		M	D	Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* <b>RE</b>		M	D	Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* <b>RE</b>		M	D	Y	Amount
City		State <b>OH</b>	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, 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.

**1,000.33**  
Page Total \$