Statement of Other Income

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Rhodes			
Full Name			Registration Number, if PAC
Paypal-account verification	Type*		M D Y Amount
Address 2211 North First St.	IN		0 8 0 7 0 8 \$0.18
City San Jose	State CA	Zip Code 95131	Form (Cash, Check, etc.) electronic transfer
Full Name		,1	Registration Number, if PAC
Paypal-account verification			
Address	Type*		M D Y Amount
2211 North First St.	IN _	7in Code	0 8 0 7 0 8 \$0.15 Form (Cash, Check, etc.)
City San Jose	State CA	Zip Code 95131	electronic transfer
San Jose Full Name			Registration Number, if PAC
Jeffrey D. Kaplan-LOAN			
Address	Type*		M D Y Amount
7373 Christie Chapel Rd.	LN _	7:- 0:1	0 5 2 2 0 8 \$1,000.00
City	State OH	Zip Code 43017	Form (Cash, Check, etc.) check
Dublin Full Name	UI	1 -5011	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Registration Number, if PAC
Full Name			regionaten minot, it i iv
Address	Type*		M D Y Amount
	RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
Eall Mona	ОН		Registration Number, if PAC
Full Name			
Address	Туре*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1		Registration Number, if PAC
Address	Type*		M D Y Amount
Δν.	RE _	Zip Code	Form (Cash, Check, etc.)
City	State OH	Exp code	Court (County Carous, City.)
Full Name			Registration Number, if PAC
	T		M. IN IXE
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH	•	
	1		

1,000.33

Page Total \$

^{*} 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.