

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Brad McCloud							
Full Name Citizens for Stephanie McCloud				Registration Number, if PAC			
Address 14 East Gay St., 2nd Floor		Type* LN		M D Y 0 8 0 4 0 9		Amount \$500.00	
City Columbus		State OH		Zip Code 43215		Form (Cash, Check, etc.) check	
Full Name							
Registration Number, if PAC							
Address		Type*		M D Y		Amount	
		RE					
City		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
Full Name							
Registration Number, if PAC							
Address		Type*		M D Y		Amount	
		RE					
City		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
Full Name							
Registration Number, if PAC							
Address		Type*		M D Y		Amount	
		RE					
City		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
Full Name							
Registration Number, if PAC							
Address		Type*		M D Y		Amount	
		RE					
City		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
Full Name							
Registration Number, if PAC							
Address		Type*		M D Y		Amount	
		RE					
City		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
Full Name							
Registration Number, if PAC							
Address		Type*		M D Y		Amount	
		RE					
City		State		Zip Code		Form (Cash, Check, etc.)	
		OH					
Full Name							
Registration Number, if PAC							
Address		Type*		M D Y		Amount	
		RE					
City		State		Zip Code		Form (Cash, Check, etc.)	
		OH					

* 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.

500.00
Page Total \$