Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full					
Citizens for Stephanie McCloud		***			
Full Name			Registration Number, if PAC		
Paypal-account verification	90 i de	***	M IN M A		
Address 2211 North First St.	Type*		M D Y Amount 0 8 1 8 0 8 \$0.03		
ZZTT NOITH FIIST St.	IN State	Zip Code	Form (Cash, Check, etc.)		
City San Jose	CA	95131	electronic transfer		
Full Name			Registration Number, if PAC		
Paypal-account verification					
Address	Type*		M D Y Amount		
2211 North First St.	IN		0 8 1 8 0 8 \$0.04		
City	State	Zip Code	Form (Cash, Check, etc.)		
San Jose	CA	95131	electronic transfer		
Full Name Patriot Signage Inc	Registration Number, if PAC				
Patriot Signage, Inc.	Type*		M D Y Amount		
Address 1001 Second Ave.	RE		1 0 2 0 0 8 \$2,443.00		
City	State	Zip Code	Form (Cash, Check, etc.)		
Dayton	KY	41074	check		
Full Name			Registration Number, if PAC		
Address	Type*		M D Y Amount		
	RE	a: 0 :	F- (0.1.0)		
City	State	Zip Code	Form (Cash, Check, etc.)		
T. J. Manage	OH		Registration Number, if PAC		
Full Name			regionated runnos, 11 170		
Address	Type*		M D Y Amount		
	RE				
City	State	Zip Code	Form (Cash, Check, etc.)		
	ОН				
Full Name		And the second s	Registration Number, if PAC		
Address	Type*		M D Y Amount		
Cit.	RE State	Zip Code	Form (Cash, Check, etc.)		
City	OH	Zip Couc	Casis, Chors, Co.,		
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		
i	RE				
City	State	Zip Code	Form (Cash, Check, etc.)		
	OH				

2,443.07

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.