Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
CITIZENS TO IMPROVE QUALITY OF	LIFE FOR REYNOL	DSBURG	
Full Name Brad-& Stephanie McCloud			Registration Number, if PAC
Address	Туре*		M D Y Amount
912 Rosehill Road	RE		0 2 2 7 1 7 \$2,500.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check
Full Name		43000	Registration Number, if PAC
			Registration Number, if FAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	UH		Registration Number, if PAC
			Registration Values, III Ac
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		Designation Number 15 DAC
run Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Pad No.	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		Registration Number, if PAC
run Name			Registration Number, if FAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Part St.	ОН	<u> </u>	Designation Number (SDAC)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
<u></u>	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

2,500.00

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.