

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
CITIZENS TO IMPROVE QUALITY OF LIFE FOR REYNOLDSBURG					
Full Name				Registration Number, if PAC	
Brad & Stephanie McCloud					
Address	Type*		M	D	Y
912 Rosehill Road	RE		0	2	2
City	State	Zip Code	Amount		
Reynoldsburg	OH	43068	7	1	7
			Form (Cash, Check, etc.)		
			Check		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
			Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
			Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
			Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
			Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
			Form (Cash, Check, etc.)		
Full Name				Registration Number, if PAC	
Address	Type*		M	D	Y
	RE				
City	State	Zip Code	Amount		
	OH				
			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.

2,500.00

Page Total \$