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Statement of Other Income

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | |
|---|-----------------------------|-----------------------------|------------|------------|---|------------|--------|
| Citizens for Dorrian Committee | | | - In | | | 4.5 | |
| Full Name | Registra | Registration Number, if PAC | | | | | |
| Tactical Edge LTd | | · | | T = | 1 .: | T | |
| Address | Type* | | M | D | Y | Amount | 400.00 |
| 929 Harrison Ave | RE | | $0 \mid 4$ | | | | 180.00 |
| City | State H | Zip Code 43215 | | ash,Chec | | | |
| Columbus | dj/overpaymer | | | | | | |
| Full Name | Registration Number, if PAC | | | | | | |
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| Address | Type* | | M | D | Y | Amount | |
| | | | | <u> </u> | | | |
| City | State | Zip Code | Form(C | ash,Chec | k,etc) | | |
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| Full Name | Registra | Registration Number, if PAC | | | | | |
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| City | State | Zip Code | Form(C | ash,Chec | k_etc) | | |
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| City | State | Zip Code | Form(C | ash,Chec | k etc) | | - |
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| ruii Name | Registration Number, if PAC | | | | | | |
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| City | State | Zip Code | Form(C | ash,Chec | k,etc) | | |
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* 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, place the letters 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.

Page Total \$ ____180 00_