

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Citizens for Dorrian Committee					
Full Name			Registration Number, if PAC		
Planks Café					
Address	Type*		M	D	Y
743 Parson Ave	R   E		1	2	3
City	State	Zip Code			
Columbus	O   H	43206			
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code			
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code			

\* 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 \$ 0.01