Page	8

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full	CEOD IIIE	ACT.								
THE COMMITTEE TO ELECT DORRIS										
Full Name					Registration Number, if PAC					
STONEWALL OF COLUMBUS										
Address	Type*		M	D	Y	7	Amount			
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					Registration Number, if PAC					
A-AERO ADVERTISING SPECIALTY	1.00									
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Full Name			Registration Number, if PAC							
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Address	Type*		M	D	Y	7	Amount			
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Full Name			Registrat	ion Nu	nber,	if PA	C	_		
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City	State	Zip Coue	roini(Ca	SII,CHEC	K,CIU)	,				
Full Name					Registration Number, if PAC					
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Address	Type*		M	D	Y		Amount			
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City	State	Zip Code	Form(Ca	sh,Chec	k,etc)					

Page Total \$ \_\_\_\_170.00

<sup>\*</sup> 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.