

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Citizens For Dorrian Committee Full Name			Registrati	on Muss	her if DA	·C	
Milo's Deli & Café			registrati	ON LARIE	oci, ii FP	10	
Address	Type*	·	М	D	Y	Amount	
980 W Broad St	$R \mid E$		110		1 3	I .	250.00
City	State	Zip Code	Form(Cas	h,Check	etc)		
Columbus	$O \mid H$	43222		Checl			
Full Name			Registrati	on Num	ber, if PA	\C	
Minority Brands, Inc.			<u> </u>	_		T.	
Address	Type*		M	D OLO	1 Y	Amount	10.00
653 McCorkle Blvd Ste P	R E	Zip Code	1 2 Form(Cas				10.00
Westerville	OH	43086		Checl			
Full Name	<u> </u>	1 10000	Registrati			AC .	
Address	Type*		М	D	Y	Amount	
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City	State	Zip Code	Form(Cas	h,Check	Letc)		
		<u> </u>	<u> </u>				
Full Name			Registrati	ion Num	ber, if PA	AC ·	
Address	Type*		М	D	Y	Amount	
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City	State	Zip Code	Form(Cas	sh,Check	c,etc)		
		<u> </u>	D		L. ien	\C	
Full Name			Registrati	ion Num	per, ii PA		
Address	Type*		M	D	Y	Amount	
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City	State 	Zip Code	Form(Ca	sn,Checl	c,etc)		
Name			Registration Number, if PAC				
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Address	Type*		М	D	Y	Amount	_
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City	State	Zip Code	Form(Ca	sn,Checl	c,etc)		
Eull Vana	<u> </u>	Registration Number, if PAC					
Full Name			regional		, ** * * *	<del>,</del>	
Address	Type*		М	D	Y	Amount	
	<u> </u>						
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
Lumites,			1				
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)		
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SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 260.00

<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,