

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens For Dorrian Committee							
Full Name Milo's Deli & Café				Registration Number, if PAC			
Address 980 W Broad St		Type* R E		M 11	D 02	Y 9113	Amount 250.00
City Columbus		State O H	Zip Code 43222	Form(Cash,Check,etc) Check			
Full Name Minority Brands, Inc.				Registration Number, if PAC			
Address 653 McCorkle Blvd Ste P		Type* R E		M 11	D 20	Y 013113	Amount 10.00
City Westerville		State O H	Zip Code 43086	Form(Cash,Check,etc) Check			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	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, 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 \$ 260.00