

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens to Re-Elect Edward Dildine					
Full Name Edward Dildine			Registration Number, if PAC		
Address 4495 Katherine Drive	Type* LN		M 0	D 5	Y 0813
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) ck		Amount 2000.00
Full Name Edward Dildine			Registration Number, if PAC		
Address 4495 Katherine drive	Type* LN		M 0	D 6	Y 2113
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) ck		Amount 1163.56
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

* 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, 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.

3163-56 0.00
Page Total \$