

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	
De Santis		_		
Address	Type*		M D Y Amount	
4460 Kenny Rd	RIE		0 1 2 1 1 4 181	<u>.90</u>
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	<u> </u>	43220	Check	
Full Name		<u> </u>	Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	•
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(Cash,Check,etc)	
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Full Name	<u> </u>		Decistration Number 16 DAC	
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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)	
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Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
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City	State	Zip Code	Form(Cash,Check,etc)	
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Full Name	!		Registration Number, if PAC	
r un want			registration (value), if the	
Address	Type*		M D Y Amount	
Address	Type		IVI D I AMOUNT	
<u> </u>	1	2:- C. I.	Form(Cash,Check,etc)	
City	State	Zip Code	Form(Cash,Check,etc)	
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Full Name			Registration Number, if PAC	
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Address	Type	• •	M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
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• 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 \$ 181.90