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R.	C.	3517.10(B)

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					(alexandra and and and and and and and and and an					
Citizens for Dorrian Committee			Ir							
Full Name					ber, if PA	.C				
Hugh J. Dorrian	T		<u></u>	D	V	Amount				
Address 999 Birchmont Rd	Type*		M 0 8	1 1	0 9	Amount	3,000.00			
City	State H	Zip Code 43220		ish,Check Check						
Columbus Full Name	IOIH	J ±022U				.C				
r un 14anie	Registration Number, if PAC									
Address	Type*		M	D	Y	Amount	MMMMggaaa			
City	State	Zip Code		Form(Cash,Check,etc)						
Full Name					iber, if PA	iC				
Address	Type*		M	D	Y	Amount				
City	State	Zip Code	Form(Ca	ash,Check	k,etc)					
Full Name					Registration Number, if PAC					
Address	Type*		М	D	Y	Amount				
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)					
Full Name		Registra	tion Nun	nber, if PA	\ C					
Address	Type*		М	D	Y	Amount				
City	State	Zip Code		Form(Cash,Check,etc)						
Full Name					Registration Number, if PAC					
Address	Type*		М	D	Y	Amount				
City	State	Zip Code		ash,Chec	****					
Full Name					Registration Number, if PAC					
Address	Type*		M	D	Y	Amount				
City	State	Zip Code	Form(C	Form(Cash,Check,etc)						
Full Name					Registration Number, if PAC					
Address	Type*		M	D	Y	Amount				
City	State	Zip Code	Form(C	ash,Chec	k,etc)					

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ __3.000.00

^{*} 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,