

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	Amount 2000.00
City Columbus		State OH	Zip Code 43232	Form (Cash, Check, etc.) ck			
Full Name Edward Dildine				Registration Number, if PAC			
Address 4495 Katherine drive		Type* LN		M 0	D 6	Y 2113	Amount 1163.56
City Columbus		State OH	Zip Code 43232	Form (Cash, Check, etc.) ck			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	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, 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 \$