

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee								
Full Name Hugh J. Dorrian				Registration Number, if PAC				
Address 999 Birchmont Rd		Type* L N		M 0	D 8	Y 1 1 0 9	Amount 3,000.00	
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Check				
Full Name								
Address				Type*	M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name								
Address				Type*	M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name								
Address				Type*	M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name								
Address				Type*	M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name								
Address				Type*	M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name								
Address				Type*	M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)				
Full Name								
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.