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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full	7		in Land de la lande de manuel de la competencia de la competencia de la competencia de la competencia de la co					
Debbie Johnson for Upper Arlington Counsel					or if DA	C		
* *** * ******************************				Registration Number, if PAC				
Mark A. & Deborah A. Johnson Address	Type*		M	D	Y	Amount		
Address 1903 Brandywine Drive	1 урс		1 0	•		3,000.00		
City City	State	Zip Code		Form(Cash,Check,etc)				
Columbus	ОН	43220						
Full Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
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Full Name			Registration Number, if PAC					
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Full Name				Registration Number, if PAC				
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Address	Type*		М	D	Y	Amount		
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SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 3.000.00

<sup>\*</sup> 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,