

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Bonnie Michael</b>									
Full Name <b>Guernsey Bank</b>						Registration Number, if PAC			
Address <b>P.O. Box 1040</b>		Type* <b>IN</b>				M	D	Y	Amount <b>\$2.68</b>
City <b>Worthington</b>		State <b>OH</b>		Zip Code <b>43085</b>		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* <b>RE</b>				M	D	Y	Amount
City		State <b>OH</b>		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* <b>RE</b>				M	D	Y	Amount
City		State <b>OH</b>		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* <b>RE</b>				M	D	Y	Amount
City		State <b>OH</b>		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* <b>RE</b>				M	D	Y	Amount
City		State <b>OH</b>		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* <b>RE</b>				M	D	Y	Amount
City		State <b>OH</b>		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* <b>RE</b>				M	D	Y	Amount
City		State <b>OH</b>		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* <b>RE</b>				M	D	Y	Amount
City		State <b>OH</b>		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.