Statement of Other Income

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Bonnie Michael			
Full Name			Registration Number, if PAC
Guernsey Bank			
Address P.O. Boy 1040	Type*		M D Y Amount 1 2 3 1 0 9 \$2.68
P.O. Box 1040	IN	Zin Code	1 2 3 1 0 9 \$2.68 Form (Cash, Check, etc.)
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City	State	Zip Code	Form (Cash, Check, etc.)
	OH .		Designation No. 1 - 2010
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
İ	RE	CONTRACTOR OF STREET	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

2.68

Page Total \$

^{*} 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.