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R.C. 3517	7.10(B)

Statement of Other Income

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Support Your Bexley Library	•		
Full Name			Paris Vist Vine
The First Bexley Bank (refund 29 months do	ormant fees)		Registration Number, if PAC
Address	Type*		Me Di VI A
2680 E. Main Street	RE	-	0 6 2 7 1 3 \$145.00
City	State	Zip Code	Form (Cash, Check, etc.)
Bexley	ОН	43209	credit
Full Name			Registration Number, if PAC
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Address	Type*	200	M D Y Amount
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Address	7: 1		
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Full Name	J On		Paristantia Via Nacional
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Full Name	, , , , , , , ,		Registration Number, if PAC
Address	Type*		M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
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full Name			Registration Number, if PAC
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··· <i>y</i>	State	Zip Code	Form (Cash, Check, etc.)
	OH	<u> </u>	

145.00

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.