Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Bonnie Michael			
Full Name Guernsey Bank			Registration Number, if PAC
Address P.O. Box 1040	Type*		M D Y Amount 0 6 3 0 0 9 \$2.69
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
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Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE _	Zip Code	Form (Cash, Check, etc.)
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Address	Type* RE		M. D Y Amount
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Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
City.	OH	LLD COUR	orn (vasii, viicek, cie.)
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	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.