Page	1

Statement of Other Income

Prescribed by Secretary of State 2/01

Nome of Committee in E. II								
Name of Committee in Full Citizens for Lossoborg								
Citizens for Leeseberg Full Name			Registra	tion Num	nher :	fPA	C	
The Union Bank Co. Interest 1/1/18-12/	31 / 18		Registra	uon run	1001, 1	תונ	· C	
Address	Type*		М	D	Y		Amount	
461 Beecher Road	IN		1 2	3 1	1	. !	4.23	
City	State	Zip Code	Form(Cash,Check,etc)				1.20	
Gahanna	$O \mid H$	43230	Interest					
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	,	Amount	
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)			
Full Name			Registra	Registration Number, if PAC				
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run Name			Registra	Registration Number, if PAC				
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Full Name			Registra	Registration Number, if PAC				
Address	Type*		M	D	Y	1	Amount	
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Full Name		Registra	Registration Number, if PAC					
Address	Type*		М	D	Y	·	Amount	
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
The state of the s								

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 4.23

^{*} 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,