For Office Use Only: Name

CAMPAIGN F	INANCIA	L REPORT
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Name of candidate.	committee or corporation One	MI BONN			
Office sought or ba	lot question School Boar	not wented	District EC	lina Public	Sunti
Type of	Candidate report Campaign commit Association or con		Period of time	covered by report:	
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Date	Purpose	Name and Ado of Recipien		Expenditure or Contribution Amount	
			TOTAL	110123	
I certify that this Printed Name	is a full and true statement. Tele TOTAL CONTROL OF THE PROPERTY OF THE PROP	Signature ephone 12-735-925	Email (if availa	Date	