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NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	1ŽFĚ4	12FE4M5	
CITITIZENS FOR MAICHEINLY						
ADDRESS (number and street)		BOBE E DORIOTHY LINI				
(Check if address is changed)						
		KIEITITIEIRITING	<u> </u>	DH	45419-	
			CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)						
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COMMITTEE'S WEB PAGE ADDRESS (URL)						
	address		51A1L1Y12101110101C1	OIMI I I		
(Check if is change						
2. DATE 09'[3'2010						
3. FEC IDENTIFICATION NUMBER COULTY TENT						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have	examined th	nis Statement and to the be	st of my knowledge and belief	f it is true, cor	rect and complete.	
Type or Print Name of Treasurer						
Signature of Treasurer Date Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
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