Statement of Other Income

Page _3_

Prescribed by Secretary of State 2/01

Name of Committee in Full			•
Citizens for Mingo			
Full Name	<u></u>		Registration Number, if PAC
Ohio Ethics Commission			
Address	Type*	great and energy produced a figure of	M D Y Amount
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Full Name	<u>.</u>		Registration Number, if PAC
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Address	Type*	and the state of t	M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
l	OH		

20.00
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.