

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>					
Full Name <b>Ohio Ethics Commission</b>				Registration Number, if PAC	
Address <b>30 W Spring St</b>		Type* <b>RE</b>		M <b>0</b>	D <b>5</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Y <b>1</b>	Amount <b>\$20.00</b>
Form (Cash, Check, etc.) <b>Check</b>					

Full Name					
Address				Registration Number, if PAC	
Address		Type* <b>RE</b>		M	D
City		State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

Full Name					
Address				Registration Number, if PAC	
Address		Type* <b>RE</b>		M	D
City		State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

Full Name					
Address				Registration Number, if PAC	
Address		Type* <b>RE</b>		M	D
City		State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

Full Name					
Address				Registration Number, if PAC	
Address		Type* <b>RE</b>		M	D
City		State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

Full Name					
Address				Registration Number, if PAC	
Address		Type* <b>RE</b>		M	D
City		State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

Full Name					
Address				Registration Number, if PAC	
Address		Type* <b>RE</b>		M	D
City		State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

Full Name					
Address				Registration Number, if PAC	
Address		Type* <b>RE</b>		M	D
City		State <b>OH</b>	Zip Code	Y	Amount
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.

Page Total \$ **20.00**