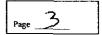
Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Mingo			
Full Name			Registration Number, if PAC
Clarence E Mingo		_	
Address	Type*		M D Y Amount
8406 Leisner Ave	RE		1 1 0 9 1 5 \$855.00
City	State	Zip Code	Form (Cash, Check, etc.)
New Albany	ОН	43054	Check
Full Name			Registration Number, if PAC
Huntington National Bank	· · · · · · · · · · · · · · · · · · ·		
Address	Type*	•	M D Y Amount
7 Easton Oval	RE	7: 0.1	1 1 1 0 1 5 \$0.01
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus Full Name	ОН	43218	EFT Registration Number of PAC
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		·
Full Name			Registration Number, if PAC
Address	Type*	***	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH [°]		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

855.01
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.