

Statement of Other Income

Prescribed by Secretary of State 2/01

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

855.01
Page Total \$