

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo						
Full Name Ohio Young Republicans			Registration Number, if PAC			
Address 211 S Fifth St	Type* RE		M 0	D 7	Y 0 1 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) EFT			
Full Name Office Max			Registration Number, if PAC			
Address 3826 Morse Rd	Type* RE		M 0	D 7	Y 1 3 1 6	Amount \$34.94
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) EFT			
Full Name Office Max			Registration Number, if PAC			
Address 1325 Polaris Parkway	Type* RE		M 0	D 8	Y 0 9 1 6	Amount \$8.60
City Columbus	State OH	Zip Code 43240	Form (Cash, Check, etc.) EFT			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
Address	Type* RE		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name			Registration Number, if PAC			
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.

293.54

Page Total \$