

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo					
Full Name Doubletree Atlanta			Registration Number, if PAC		
Address 160 Spring St		Type* RE	M D Y 0 5 1 1 1 5		Amount \$41.16
City Atlanta	State GA	Zip Code 30303	Form (Cash, Check, etc.) EFT		
Full Name Connect Realty Management					
Address 1400 Dublin Rd			M D Y 0 6 2 2 1 5		Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		
Full Name					
Address			M D Y		Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name					
Address			M D Y		Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name					
Address			M D Y		Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name					
Address			M D Y		Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name					
Address			M D Y		Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name					
Address			M D Y		Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name					
Address			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.

1,041.16

Page Total \$