

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo					
Full Name A T & T			Registration Number, if PAC		
Address 211 S Akard St	Type* RE		M 1	D 0	Amount \$318.03
City Dallas	State TX	Zip Code 75202	Y 4		
Form (Cash, Check, etc.) Check					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Amount
City	State OH	Zip Code	Y		
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.

318.03