Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			"
Citizens for Mingo			
Full Name			Registration Number, if PAC
AT&T			W D V 1-111-
Address 211 S Akard St	Type*		1 0 2 7 1 4 \$318.03
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Full Name			Registration Number, if PAC
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Full Name			Registration Number, if PAC
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Full Name			Registration Number, if PAC
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Full Name			Registration (values), 11 110
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City	State	Zip Code	Form (Cash, Check, etc.)
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Full Name			Transcription of the state of t
Address	Type*	منوده الهاجهاني دان	M D Y Amount
1	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

^{*} 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.