

## JON HUSTED Ohio Secretary of State

## **Statement of Other Income**

Form 31-A-2

_	2547	10(B)
	331/	111111111

Full Name of Committee			<del></del>	
Citizens for Mingo				!
Full Name of Contributor			Registration Number	er, if PAC
Family Resource Network				!
Street Address	Type*	Date (MM/DI	D/YYYY)	Form (Cash, Check, etc.)
18 4th St NW	Refund		05/02 <b>/</b> 2018	· ·
City	State	Zip Code		Amount
Atlanta	GA	30308		1,560.54
Full Name of Contributor			Registration Number	er, if PAC
Street Address	Type*	Date (MM/DI	DWYYY)	Form (Cash, Check, etc.)
	Refund	Date (	<i>J</i> ,	, , , , , , , , , , , , , , , , , , , ,
City	State	Zip Code		Amount
	он			1
Full Name of Contributor			Registration Number	er, if PAC
Street Address	Type*	Date (MM/DI	DYYYY)	Form (Cash, Check, etc.)
	Refund		-	
City	State	Zip Code Amount		Amount
	ОН			
Full Name of Contributor			Registration Numbe	er, if PAC
Street Address	Type*	Date (MM/DI	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	он			!
Full Name of Contributor			Registration Number	er, if PAC
Street Address	Type*	Date (MM/DI	D/YYYY)	Form (Cash, Check, etc.)
i	Refund			
City	State	Zip Code		Amount
1	ОН			

Page Total \$	1,560.54

<sup>\*</sup> 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.