

Statement of Other Income
Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo									
Full Name Clarence Mingo-refunding cash withdrawl from campaign acct. he mistook for personal acct.						Registration Number, if PAC			
Address 8406 Leisner Ave.		Type* RE				M 1	D 0	Y 1	Amount \$141.50
City New Albany		State OH		Zip Code 43054		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.)			
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.)			