Statement of Other Income

Page 3

Prescribed by Secretary of State 2/01

Name of Committee in Full		-	
Citizens for Mingo			
Full Name			Registration Number, if PAC
208 Real Estate LLC		.=	
Address CA-A- CA	Type*		M D Y Amount
208 E State St	RE		0 6 2 0 1 4 \$430.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.)
Full Name		43215	Voided Check Registration Number, if PAC
T GO TAME			registration number, it rac
Address	Type*		M D Y _i Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH_		
Full Name			Registration Number, if PAC
		<u> </u>	
Address	Type*		M D Y Amount
City	RE	2:- C-4-	
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1 011		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address			
Address	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
•	ОН	,	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Euli Maria	OH		Desire the New Local St. Co.
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
) OH		

430.00 Page Total \$

^{*} 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.