

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo					
Full Name Time Warner Cable			Registration Number, if PAC		
Address 7800 Crescent Executive Dr	Type* RE		M 1	D 2	Y 2
City Charlotte	State NC	Zip Code 28216	Form (Cash, Check, etc.) Check		Amount \$285.60
Full Name Huntington National Bank			Registration Number, if PAC		
Address 7 Easton Oval	Type* RE		M 0	D 3	Y 1
City Columbus	State OH	Zip Code 43218	Form (Cash, Check, etc.) EFT		Amount \$7.39
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

* 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.

Page Total \$ **292.99**