Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full		** <u></u>	
Citizens for Mingo			
Full Name			Registration Number, if PAC
Time Warner Cable			
Address	Type*		M D Y Amount
7800 Crescent Executive Dr	RE		1 2 2 1 1 0 \$285.60
City Charlotte	State NC	Zip Code 28216	Form (Cash, Check, etc.) Check
Full Name	INC	20210	Registration Number, if PAC
Huntington National Bank			registration Number, it the
Address	Type*		M D Y Amount
7 Easton Oval	RE		0 3 1 5 1 1 \$7.39
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43218	EFT
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	On		Registration Number, if PAC
			Registration Number, in FAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
0'.	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
			Registration Pullboot, II FAC
Address	Type*		M D Yi Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
Cit.	RE	a: 6.1	
City	State	Zîp Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
			ingovernou rumou, il 120
Address	Type*		M D Yi Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

292.99
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.