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
The Apple Store			
Address	Type*		M D Y Amount
4070 The Strand E	RE		0 8 1 3 1 2 \$564.71
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43218	EFT
Full Name			Registration Number, if PAC
A.1.		<u>-</u>	
Address	Type*	Expression (A)	M D Y Amount
City	RE	j.	
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	UH		Registration Number, if PAC
			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	lýpe*		M D Y Amount
	L RE	May 1	
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
			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
City	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН	<u> </u>	D. C. Walter Market M. C.
The result			Registration Number, if PAC
Address	Type*		M D Y Amount
	RÉ		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH,		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
Cin.	⊥RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

564.71

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.