## **Statement of Other Income**

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Mingo			
Full Name			Registration Number, if PAC
Jerzell Pierre Louis			i
Address	Type*		M D Y Amount
6227 Beringer Dr	RE		0 7 0 1 1 0 \$118.29
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Uncashed Check
Full Name			Registration Number, if PAC
Citizens for Hawk			
Address	Type*		M D Y Amount
12364 Thoroughbred Dr	RE		1 2 0 8 1 1 \$500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Pickerington	OH	43147	Uncashed Check
Full Name		_	Registration Number, if PAC
Address	Type*	n 1-4 √ -	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Туре*		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
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
EdiNorea	OH		Projectation Manufact 2014 C
Full Name			Registration Number, if PAC
Address	Турс*	* .	M D Y Amount
<u>.</u>	RE		
City	State	Zîp Code	Form (Cash, Check, etc.)
Edition	OH		Pagistration Number if DAC
Full Name			Registration Number, if PAC
Address	Туре*	* # * 1	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		Panistration Number 16 DA C
Full Name			Registration Number, if PAC
Address	Type*	To the second	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

618.29

Page Total \$

<sup>\*</sup> 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.