



## **Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee	···········			
Citizens for Mingo				
Full Name of Contributor			Registration Number, if PAC	
Smyrna Baptist Church				
Street Address	Type*	Date (MM/DI	DYYYY)	Form (Cash, Check, etc.)
1650 Wilson Ave	Refund	07/23 <b>/2</b> 018 C		Check
City	State	Zip Code		Amount
Columbus	ОН	43206		35.00
Full Name of Contributor			Registration Number	er, if PAC
T Communications				
Street Address	Type*	Date (MM/D	DAYYY)	Form (Cash, Check, etc.)
1260 Westphal Ave	Refund		09/24/2018	Check
City	State	Zip Code	-	Amount
Columbus	ОН	43227		500.00
Full Name of Contributor		<u> </u>	Registration Number	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor			Registration Number	er, if PAC
Street Address	Type*	Date (MM/D	D/YYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Type*	Date (MM/D	Date (MM/DD/YYYY) Form (Cash, Check, etc.)	
	Refund			
City	State	Zip Code	Zip Code Amount	
	ОН			

_		535.00	
Page	lotal :	<u> </u>	

<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.