

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo							
Full Name Clarence E. Mingo, II - Reimburse 3 debit card purchases & 1 cash withdrawl					Registration Number, if PAC		
Address 8406 Leisner Ave.		Type* RE		M 1	D 2	Y 1 0 0 8	Amount \$53.72
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) check			
Full Name							
Address					Type* RE		M 1
City		State OH	Zip Code	Form (Cash, Check, etc.)			Amount
Full Name							
Address					Type* RE		M 1
City		State OH	Zip Code	Form (Cash, Check, etc.)			Amount
Full Name							
Address					Type* RE		M 1
City		State OH	Zip Code	Form (Cash, Check, etc.)			Amount
Full Name							
Address					Type* RE		M 1
City		State OH	Zip Code	Form (Cash, Check, etc.)			Amount
Full Name							
Address					Type* RE		M 1
City		State OH	Zip Code	Form (Cash, Check, etc.)			Amount
Full Name							
Address					Type* RE		M 1
City		State OH	Zip Code	Form (Cash, Check, etc.)			Amount
Full Name							
Address					Type* RE		M 1
City		State OH	Zip Code	Form (Cash, Check, etc.)			Amount
Full Name							
Address					Type* RE		M 1
City		State OH	Zip Code	Form (Cash, Check, etc.)			Amount
Full Name							
Address					Type* RE		M 1
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.