Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full	······································		· · · · · · · · · · · · · · · · · · ·
Citizens for Mingo			
Full Name			Registration Number, if PAC
208 Real Estate LLC			
Address	Type*		M D Y Amount
208 E State St	RE		0 6 2 0 1 4 \$430.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.)
Full Name	Un	43213	Voided Check
t ou raine			Registration Number, if PAC
Address	Type*		M D Yi Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Tito		W. L. S. L. V.
Admess	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		total (CLAL chick, Ed.)
Full Name	,	<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	_RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
and the second			registation Number, it The
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
Address	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH.		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
<u> </u>	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	LOH		Registration Number, if PAC
i un realit			The state of the s
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash. Check, etc.)
1	OH		

430.00 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.