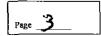
## **Statement of Other Income**



Prescribed by Secretary of State 2/01

Name of Committee in Full		-	
Citizens for Mingo			
Full Name	<u>_</u> '		Registration Number, if PAC
American Airlines			
Address A222 Amon Cortos Blad	Type*		M D Y Amount
4333 Amon Carter Blvd	RE -	7: 0.1	0  5  1  6  1  6   \$111.12
City Ft Worth	State	Zip Code 76155	Form (Cash, Check, etc.)  EFT
Full Name	1 1/	7,0100	Registration Number, if PAC
A UNI 7 TOMATU			Registration (variety, II 170
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
Oir.	RE -	Win Code	Form (Cook Cheek etc.)
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	ОП		Registration Number, if PAC
i da ruane			13.5
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
	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.)
	OH		
Full Name			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	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОH		

111.12
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.