	-7
Page	.3. напринаривания

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Committee for Grandview Heights Schools								
Full Name			Registration Number, if PAC					
Address	Type*		М	D	Y	Amount		
1935 W. First Ave			LAMERAN			0.64		
City Columubus	State	Zip Code 43212	Form(Ca	sh,Check	(,etc)			
Full Name	kaannin eliselkeen midaanikse telesenisen se		Registrat	Registration Number, if PAC				
			1	enemental de la constitución de la				
Address	Type*		M	D 	Y	Amount		
City	State 	Zip Code	Form(Cash,Check,etc)					
Full Name			Registration Number, if PAC					
Address	Type*	i de la compania de Compania de la compania de la compa	M	D	Y	Amount		
City	State	Zip Code	Form(Cash,Check,etc)					
Full Name			Registration Number, if PAC					
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Address	Type*	Constitution of the Consti	M	a 	Y	Amount		
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)			
			1	in manimistria				
Full Name			Kegistrat	Registration Number, if PAC				
Address	Type*	Microsoft and Control of the Control	М	D	Y	Amount		
City	State	Zip Code	Form(Ca	sh,Check	(,etc)			
**			AND THE PROPERTY OF THE PROPER					
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca	sh,Checl	k,etc)			
Full Name			Registration Number, if PAC					
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(C)	gh Charl	k etri)			
	State	ما المالية الم	L	Form(Cash, Check, etc)				
Full Name			Registrat	Registration Number, if PAC				
Address	Type*	EVALUATION OF THE STATE	М	D	Y	Amount		
City	State	Zip Code	Form(Ca	sh Chec	k,etc)			
				THE STATE OF THE S				

Page Total \$ 0.64

^{*} 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, place the letters 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.