

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full DeGraw for Mayor						
Full Name Members First Credit Union				Registration Number, if PAC		
Address 1445 Goodale Blvd		Type* IN		M 1	D 0	Y 3
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) cash		Amount \$0.21
Full Name Members First Credit Union				Registration Number, if PAC		
Address 1445 Goodale Blvd		Type* IN		M 1	D 1	Y 3
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.)		Amount \$0.09
Full Name				Registration Number, if PAC		
Address		Type*		M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC		
Address		Type*		M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC		
Address		Type*		M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC		
Address		Type*		M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC		
Address		Type*		M	D	Y
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC		
Address		Type*		M	D	Y
City		State	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.

\$0.30