## **Statement of Other Income**

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Prescribed by Secretary of State 2/01

Name of Committee in Euro			
Name of Committee in Full  De Graw for Mayor  Full Name			;
Full Name			Registration Number, if PAC
Hembers First Credit L	nion		
Address	Type*		M D Y Amount
1445 Goodale Blud	エン		103111 0.21
City		Zip Code	Form (Cash, Check, etc.)
Columbus Full Name	OH	43212_	cash
r iii nane			Registration Number, if PAC
Members First Credit Ur Address 1445 Goodale Blud	110 <u>0</u>		
Address	Type*	<b>*</b> ***	M D Y Amount
1445 Goodale Blud	12 12		113011 \$0.09
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	$\mathcal{O}$ H	143212	
Full Name			Registration Number, if PAC
Address	Туре•		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	1		
Full Name	<u> </u>		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
			•
Full Name		<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
`			
Full Name	<u></u>	<u> </u>	Registration Number, if PAC
1			
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
\(\frac{1}{2}\)			
Full Name	<u> </u>		Registration Number, if PAC
1 on traine			
Address	Type*		M D Y <sub>i</sub> Amount
Address	,,,,,		
City	State	Zip Code	Form (Cash, Check, etc.)
City	State	and comme	
	1		

<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.