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Statement of Other Income

Prescribed by Secretary of State 2/01

<u></u>				
Name of Committee in Full				
Citizens for Grandview's Future	<u>-</u>		<u>,</u>	
Full Name			Registration Number	π, if PAC
Members First Credit Union				
Address	Type*		M D	Y Amount
1445 Goodale Blvd	IN	3.		1 2 0.03
City	State	Zip Code	Form(Cash,Check,e	
Grandview Heights	OH	43212	Interest	
Full Name			Registration Number	er, if PAC
Address	Type*		M D	Y Amount
City	State	Zip Code	Form(Cash,Check,c	etc)
Full Name	•		Registration Number	er, if PAC
Address	Type*	The state of the s	M D	Y Amount
	"			
City	State	Zip Code	Form(Cash,Check,e	etc)
Full Name		 	Registration Number	er, if PAC
Address	Type*		M D	Y Amount
				_
City	State	Zip Code	Form(Cash,Check,	etc)
Full Name			Registration Number	er, if PAC
Address	Type*	y Tal Talantin State	M D	Y Amount
	1 1		ļ 1 1	
City	State	Zip Code	Form(Cash,Check,	etc)
Full Name	<u> </u>	<u> </u>	Registration Numb	er, if PAC
Address	Type*		M D	Y Amount
City	State	Zip Code	Form(Cash,Check,	etc)
Full Name			Registration Numb	er, if PAC
4.11	Type*		М D	Y Amount
Address	l type			I
City	State	Zip Code	Form(Cash,Check,	etc)
Full Name			Registration Numb	er, if PAC
	m .	See the	M D	Y Amount
Address	Type*			1 Prinoduct
City	State	Zip Code	Form(Cash,Check,	etc)
* Place the two letter code in the Type block (one letter per su	nare) which indicates the natu	are of the Other Income Receive	ed: RE for a refund un	

* 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 carned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	0.03
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