

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Grandview's Future					
Full Name Members First Credit Union			Registration Number, if PAC		
Address 1445 Goodale Blvd	Type* I N		M 1 1	D 3 0	Y 1 2
			Amount 0.03		
City Grandview Heights	State OH	Zip Code 43212	Form(Cash,Check,etc) Interest		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		

* 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.

Page Total \$ 0.03