

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Grandview Heights Schools							
Full Name Pathways Credit Union				Registration Number, if PAC			
Address 1445 Goodale Blvd.		Type* IN		M 0		D 8	
City Grandview Heights		State OH		Y 1		Amount \$0.08	
		Zip Code 43212		Form (Cash, Check, etc.) direct deposit			
Full Name Pathways Credit Union				Registration Number, if PAC			
Address 1445 Goodale Blvd		Type* IN		M 0		D 9	
City Grandview Heights		State OH		Y 1		Amount \$0.13	
		Zip Code 43212		Form (Cash, Check, etc.) direct deposit			
Full Name Pathways Credit Union				Registration Number, if PAC			
Address 1445 Goodale Blvd		Type* IN		M 0		D 7	
City Grandview Heights		State OH		Y 1		Amount \$0.03	
		Zip Code 43212		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M		Amount	
City		State OH		D		Form (Cash, Check, etc.)	
		Zip Code		Y			
Full Name				Registration Number, if PAC			
Address		Type* RE		M		Amount	
City		State OH		D		Form (Cash, Check, etc.)	
		Zip Code		Y			
Full Name				Registration Number, if PAC			
Address		Type* RE		M		Amount	
City		State OH		D		Form (Cash, Check, etc.)	
		Zip Code		Y			
Full Name				Registration Number, if PAC			
Address		Type* RE		M		Amount	
City		State OH		D		Form (Cash, Check, etc.)	
		Zip Code		Y			

* 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.