

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee For Grandview Heights Schools						Registration Number, if PAC			
Full Name Members First Credit Union				Type* IN		M 07	D 31	Y 10	Amount .04
Address 1445 W. Goodale Blvd		City Columbus		Zip Code 43212		Form (Cash, Check, etc) Cash			
Full Name Committee For Grandview Heights						Registration Number, if PAC			
Full Name Members First Credit Union				Type* IN		M 08	D 31	Y 10	Amount .06
Address 1445 W. Goodale Blvd.		City Columbus, OH		Zip Code 43212		Form (Cash, Check, etc) Cash			
Full Name Members First Credit Union						Registration Number, if PAC			
Full Name Members First Credit Union				Type* IN		M 09	D 30	Y 10	Amount .10
Address 1445 W. Goodale Blvd		City Columbus, OH		Zip Code 43212		Form (Cash, Check, etc) Cash			
Full Name						Registration Number, if PAC			
Address				Type*		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)			
Full Name						Registration Number, if PAC			
Address				Type*		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)			
Full Name						Registration Number, if PAC			
Address				Type*		M	D	Y	Amount
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.