

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee For Grandview Schools					
Full Name Members First Credit Union			Registration Number, if PAC		
Address 1445 W. Goodale Blvd	Type* IN		M 10	D 31	Y 10
City Columbus	State OH	Zip Code 43212	Amount .23		
Form (Cash, Check, etc.) Credit to Acct.					
Full Name Members First Credit Union			Registration Number, if PAC		
Address 1445 W. Goodale Blvd	Type* IN		M 11	D 30	Y 10
City Columbus	State OH	Zip Code 43212	Amount .18		
Form (Cash, Check, etc.) Credit to Acct.					
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, 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.