_ 1		
	_	1
Page 1	Page	T

Statement of Other Income

Prescribed by Secretary of State 2/01

5						
Name of Committee in Full	4 Cala - a 1	_				
Groveport Madison Committee For Bet	ter School		in	XI	1 'CD'	
			Kegistra	tion Num	ber, if PA	AC .
Huntington National Bank	T*				1	1/
Address 556 Main Street	Type*		м 0 3		1 3	Amount 0.01
City	State	Zip Code	Form(Cash,Check,etc)			
Groveport	<u>O H</u>	43125		Cash		
Full Name			Registration Number, if PAC			
Address	Type*		М	Ð	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC			
Address	Type*		М	D 	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name		<u>,, , , , , , , , , , , , , , , , , , ,</u>	Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name			Registra	Registration Number, if PAC		
Address	Type*		M 	Ð	Y	Amount
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC			
Address	Type*		М 	D	Y	Amount .
City	State 	Zip Code	Form(Ca	ash,Checl	k,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*		М	D	Y	Amount
City	State	Zip Code	<u> </u>	Form(Cash,Check,etc)		
April 1 10 1 1 2 T 11 1 2 1 100 1 2 1 1 1	Linding at	Cak - Oak Impama Dagaina	4. DE C			d about or the

^{*} 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.