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Page	 1

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full			···	
Groveport Madison Committee F	or Better School	S		
Full Name			Registration Number, if PAC	
Huntington National Bank				
Address	Type*	的文章		
556 Main Street	IN	14.	0 6 3 0 1 3 0.09	
City _	State	Zip Code	Form(Cash, Check, etc)	
Groveport	ОН	43125	Cash	
Full Name			Registration Number, if PAC	
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Address	Type*	والمستناء ومرواه والمستنات	M D Y Amount	
o:				
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name	<u> </u>	<u> </u>	Registration Number, if PAC	
Address	Type*	新华 华 · · ·	M D Y Amount	
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City	State	Zip Code	Form(Cash,Check,etc)	
Full Name	•		Registration Number, if PAC	
Address	Type*	19	M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name	•	<u> </u>	Registration Number, if PAC	
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Address	Type*	18 May 18 18 18 18 18 18 18 18 18 18 18 18 18	M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name	Full Name		Registration Number, if PAC	
<u> </u>				
Address	Type*		M . D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC	
	<u> </u>	·		
Address	Type*		M D Y Amount	
			E (Cat Class)	
City	State	Zip Code	Form(Cash,Check,etc)	
			Registration Number, if PAC	
Full Name			Registration Number, it FAC	
Address	Type•		M D Y Amount	
1]	
City	State	Zip Code	Form(Cash,Check,etc)	
Conty 				
	<u>_</u>			

Page Total \$ 0.09

^{*} 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.