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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

				***************************************	encession management			
Name of Committee in Full	+on Cal 1							
Groveport Madison Committee For Better Schools Full Name				Registration Number, if PAC				
Huntington National Bank				Registration Number, II PAC				
Address	Type*		М	D	Y	Amount		
556 Main Street			0 6	3 0	1 0		1.38	
City	State	Zip Code		ash,Check	,etc)			
Groveport	OH	43125	Cash					
full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
Addition	1,700	or the contract of the contrac				, anount		
City	State	Zip Code	Form(C	ash,Check	.,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Check	,etc)			
		•	, , ,					
Full Name				Registration Number, if PAC				
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Address	Type*		M	D :	Y	Amount		
City	State	Zip Code	Form(C	ash,Check	etc)			
City	State	zip code	I omice	asii, Circor	,,,,,,			
Full Name			Registration Number, if PAC					
Address	Type*		М	D	Y	Amount		
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r un Name				- Postanovi, ii ii ii				
Address	Type*		М	D	Y	Amount		
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T. H.V.			Paristration Musches if DA			) (		
Full Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(C	Form(Cash,Check,etc)				
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
/ National	1,500		141		1			
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
			4 72 72 6	·	and the second second		The state of the s	

SA for the sale of committee assets, or LN for payments received on a loan made.

<sup>\*</sup> 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,