Page	1

## **Statement of Other Income**

Prescribed by Secretary of State 2.01

Name of Committee in Full				
Groveport Madison Committee for Bo	etter Schoole	3		
Full Name	ceter serion.	<u> </u>	Registration Number, if PAC	
The Huntington National Bank				
Address	Type*		M D Y Amount	
PO Box 1558 EA1W37	<u> </u>			).12
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	<u> </u>	43216	Cash Registration Number, if PAC	
Full Name The Huntington National Rank			Registration Number, if PAC	
The Huntington National Bank Address	Type*		M D Y Amount	
PO Box 1558 EA1W37			, , ,	0.06
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH	43216	cash	
Full Name			Registration Number, if PAC	
The Huntington National Bank		7.00		
Address	Type*		M D Y Amount	17
PO Box 1558 EA1W37	State	Zip Code	0 4 0 4 1 9 0 Form(Cash,Check,etc)	).47
Columbus	$\int O + H$	43216	cash	
Full Name		102.10	Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
			D. A.	
Full Name			Registration Number, if PAC	
Address	Type®	7	M D Y Amount	
1 (44.00)	, ,,,,			
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
·	Star	Zip Code	Form(Cash,Check,etc)	
City	State	zap c ode	romi(casi, check, etc)	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	!	<u>.</u>		
City	State	Zip Code	Form(Cash,Check,etc)	
			Davis No. 1 COM	
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.

Page Total \$ \_\_\_\_\_0.65