

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Groveport Madison Committee for Better Schools</b>					
Full Name <b>The Huntington National Bank</b>				Registration Number, if PAC	
Address <b>PO Box 1558 EA1W37</b>		Type* <b></b>	M   D   Y <b>0   7   0   5   1   9</b>		Amount <b>0.35</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43216</b>		Form(Cash,Check,etc) <b>cash</b>
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*	M   D   Y		Amount
City		State	Zip Code		Form(Cash,Check,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*	M   D   Y		Amount
City		State	Zip Code		Form(Cash,Check,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*	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.