31-A-2
R.C. 3517.10(B)

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Groveport Madison Committee For Better Schools

Full Name			Registration Number, if PAC	
Huntington National Bank				
Address	**Type***		**M D Y**	**Amount**
556 Main Street			04 30 13	0.05
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**	
Groveport	OH	43125	Cash	

Full Name			Registration Number, if PAC	
Huntington National Bank				
Address	**Type***		**M D Y**	**Amount**
556 Main Street			05 31 13	0.06
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**	
Groveport	OH	43125	Cash	

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.

Page Total $ 0.11