

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Groveport Madison Committee For Better Schools													
Full Name Huntington National Bank						Registration Number, if PAC							
Address 556 Main Street		Type* O		Zip Code 43125		M 1		D 0		Y 3		Amount 1.34	
City Groveport		State O		Zip Code 43125		Form(Cash,Check,etc) Cash							
Full Name Huntington National Bank						Registration Number, if PAC							
Address 556 Main Street		Type* O		Zip Code 43125		M 1		D 1		Y 3		Amount 0.53	
City Groveport		State O		Zip Code 43125		Form(Cash,Check,etc) Cash							
Full Name						Registration Number, if PAC							
Address		Type*		Zip Code		M		D		Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)							
Full Name						Registration Number, if PAC							
Address		Type*		Zip Code		M		D		Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)							
Full Name						Registration Number, if PAC							
Address		Type*		Zip Code		M		D		Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)							
Full Name						Registration Number, if PAC							
Address		Type*		Zip Code		M		D		Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)							
Full Name						Registration Number, if PAC							
Address		Type*		Zip Code		M		D		Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)							
Full Name						Registration Number, if PAC							
Address		Type*		Zip Code		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 \$ 1.87