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Page	

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Groveport Madison Committee For Better Schools									
Full Name			Registrati	ion Numl	ber, if PA	.C			
Huntington National Bank									
Address	Туре*		М	D	Y	Amount			
556 Main Street			0 7	3   1	0 9		0.17		
City	State	Zip Code	Form(Cas	sh,Check	(,etc)				
Groveport	$O \mid H$	43125		Cash					
ull Name			Registrati	margine as substituting a company of the company of	and a supplemental and a supplem	.С			
Huntington National Bank									
Address	Туре*		М	D	Y	Amount			
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City	State		Form(Ca	sh,Check	(,etc)				
Groveport	O H	43125	Through the service and the se	Cash					
Full Name	II Name			ion Num	ber, if PA	VC			
Huntington National Bank									
Address	Type*		M	D	Y	Amount			
556 Main Street			0 9				0.18		
City	State	Zip Code	Form(Ca						
Groveport	O H	43125	a commence and the comm	Cash	Portional Commence of the Comm				
Full Name		Registrat	tion Num	ber, if PA	AC				
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Address	Type*		M	D	Y	Amount			
	<u> </u>			بالما					
City	State	Zip Code	Form(Ca	sh,Check	k,etc)				
			<u> </u>	MINISTER COMPANIES	Alleh Salumannan nan sa				
Full Name			Registrat	tion Num	ber, if PA	AC .			
			ļ	·	<del></del>	1.			
Address	Type*		M	D	Y	Amount	*		
		17. C. 1		<u> </u>	<u> </u>				
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)					
		L							
Full Name			Registration Number, if PAC						
	m it		<u></u>		1 37	TA manife	~~ <u>;~;~~</u>		
Address	Type*		M	D	Y	Amount			
01	Cit	Zin Code	E ~	ch C'	( 6 ( )				
City	State	Zip Code	rorm(Ca	ash,Checl	r,cic)				
			Registration Number, if PAC						
Full Name			Registra	aon Nun	iver, it Pi	n.C			
Address	T*		M	D	ΙΥ	Amount			
Address	Type*		17/1		1	Amount			
Cit.	C4-1-	Zin Code	Form/O	Ish Ct.	k eta)				
City	State	Zip Code	I rom(Ca	Form(Cash,Check,etc)					
Full Name			Ragista	Description Number if DAC					
Full Name			registra	Registration Number, if PAC					
Address	Timo*		M	D	Y	Amount			
Address	Type*		1V1		1	/ smount			
Cib.	Ctnt-	Zin Code	Form(C)	ash,Checl	k etc)				
City	State	Zip Code	I oim(Ci	uoii,CileC	A,CIU)				
			<u></u>						

Page Total \$ 0.52

<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,

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