Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Groveport Madison Committee For Bett	ter Schools		parameter and the same of the		and the second second second		
Full Name			Registration Number, if PAC				
Huntington National Bank							
Address	Type*		М	D		Amount	
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City	State	Zip Code	Form(Ca	sh,Check	,etc)		
Groveport	$O \mid H$	43125		Cash	l		
Full Name				Registration Number, if PAC			
Huntington National Bank							
Address	Type*		M	D	Y	Amount	
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Groveport	ОГП	43123					
Full Name				Registration Number, if PAC			
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Address	Type*		M	D !	Y	Amount	
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City	State	Zip Code	Form(Ca	sh,Check	.,etc)		
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City	State	Zip Code	1 oun(Ci	Form(Cash,Check,etc)			
Full Name			Registration Number, if PAC				
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Address	Type*		M	D	Y	Amount	
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ull Name			Registration Number, if PAC				
and the second s			Regionation Number, if I AC				
Address	T-m-*		M	D	Y	Amount	
Address	Type*		iVI	η μ	ı	Amount	
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City	State	Zip Code	rom(C:	ash,Checl	k,etc)		

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

Page Total \$ 0.37

^{*} 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,