

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		
The Huntington National Bank					
Address	Type*		M	D	Y
PO Box 1558 EA1W37			0	8	0
City	State	Zip Code	Amount		
Columbus	O H	43216	0.13		
Form(Cash,Check,etc)			cash		
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
PO Box 1558 EA1W37			0	9	0
City	State	Zip Code	Amount		
Columbus	O H	43216	0.12		
Form(Cash,Check,etc)			cash		
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
PO Box 1558 EA1W37			1	0	0
City	State	Zip Code	Amount		
Columbus	O H	43216	0.12		
Form(Cash,Check,etc)			cash		
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
PO Box 1558 EA1W37			1	1	0
City	State	Zip Code	Amount		
Columbus	O H	43216	0.12		
Form(Cash,Check,etc)			cash		
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
PO Box 1558 EA1W37			1	2	0
City	State	Zip Code	Amount		
Columbus	O H	43216	0.13		
Form(Cash,Check,etc)			cash		
Full Name			Registration Number, if PAC		
The Huntington National Bank					
Address	Type*		M	D	Y
PO Box 1558 EA1W37			0	1	0
City	State	Zip Code	Amount		
Columbus	O H	43216	0.12		
Form(Cash,Check,etc)			cash		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form(Cash,Check,etc)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
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.