Page

Statement of Other Income

Prescribed by Secretary of State 2/01

			and the second						
Name of Committee in Full Groveport Madison Committee For Better Schools									
	tter School	S	7						
Full Name				Registration Number, if PAC					
Huntington National Bank Address	T 7 1		1		Y				
Address 556 Main Street	Type*		$\begin{bmatrix} M \\ 0 \end{bmatrix} 2$	$\begin{vmatrix} D \\ 2 \end{vmatrix} 8$	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 9$	Amount	0.25		
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Groveport	$O \mid H$	43125	`	Cash					
Full Name			Registra	tion Num	ber, if PA	.С	100000000000000000000000000000000000000		
Huntington National Bank									
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Groveport	$O \mid H$	43125		Cash	i				
Full Name			Registration Number, if PAC						
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City	State	Zip Code	Form(Cash,Check,etc)						
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Address	Type*		М	D	Y	Amount	<u> </u>		
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Full Name				Registration Number, if PAC					
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Full Name			Registra	gistration Number, if PAC					
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Address	Type*		М	D	Y	Amount	***************************************		
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	To a facility of the second								
Full Name			Registration Number, if PAC						
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un ivaine					Registration Number, if PAC				
Address	Type*		M	D	Y	Amount			
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SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total S	<u> </u>	0.50
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^{*} 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,