

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							
Huntington National Bank									
Address		Type*	M		D		Y		Amount
556 Main Street			0		7		3		0.19
City		State	Zip Code		Form(Cash,Check,etc)				
Groveport		O H	43125		Cash				
Full Name		Registration Number, if PAC							
Huntington National Bank									
Address		Type*	M		D		Y		Amount
556 Main Street			0		8		3		0.18
City		State	Zip Code		Form(Cash,Check,etc)				
Groveport		O H	43125		Cash				
Full Name		Registration Number, if PAC							
Huntington National Bank									
Address		Type*	M		D		Y		Amount
556 Main Street			0		9		3		0.13
City		State	Zip Code		Form(Cash,Check,etc)				
Groveport		O H	43125		Cash				
Full Name		Registration Number, if PAC							
Address		Type*	M		D		Y		Amount
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name		Registration Number, if PAC							
Address		Type*	M		D		Y		Amount
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name		Registration Number, if PAC							
Address		Type*	M		D		Y		Amount
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name		Registration Number, if PAC							
Address		Type*	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.