

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				1	0	3	1	1	1
City	State	Zip Code	Form(Cash,Check,etc)						
Groveport	O H	43125	Cash		0.17				
Full Name					Registration Number, if PAC				
Huntington National Bank									
Address		Type*		M	D	Y	Amount		
556 Main Street				1	1	3	0	1	1
City	State	Zip Code	Form(Cash,Check,etc)						
Groveport	O H	43125	Cash		0.05				
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)						
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.