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Statement of Other Income

Prescribed by Secretary of State 2/01

, -			*		
Name of Committee in Full	T D-11 - C 1 - 1				
Groveport Madison Committe	ee For Better School	S	In the second of the second	1/2	
Huntington National Bank			Registration Number, if PA	IC	
Address	Type*	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M D Y	Amount	
556 Main Street			1 2 3 1 1 0	1	
city Groveport	State O H	Zip Code 43125	Form(Cash,Check,etc) Cash		
Full Name	() 11	40120	Registration Number, if P/	C	
Address	Type*		M D Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name	1	<u></u>	Registration Number, if PAC		
Address	Type*		M D Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name	*	<u> </u>	Registration Number, if PAC		
Address	Type*	5 Am 17/2 17	M D Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PA	The Said Section Secti	
Address	Type*	· · ·	M D Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name	•		Registration Number, if Pa	Registration Number, if PAC	
Address	Type*	The state of the s	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	1	<u> </u>	Registration Number, if Pa	\C	
Address	Type*		M D Y	Amount	
			ī.	T TO STATE	
City	State	Zip Code	Form(Cash,Check,etc)		

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

Page Total \$	0.35

^{*} 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,