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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Groveport Madison Committee For Bet	ter Schools	3		
Full Name			Registration Number, if PAC	
Huntington National Bank	I	* *		
Address 556 Main Street	Type*	и,	M D Y Amount 0 7 3 1 1 0 0.2	22
City Groveport	State H	Zip Code 43125	Form(Cash,Check,etc) Cash	1
Full Name			Registration Number, if PAC	
Huntington National Bank				
Address	Type*		M D Y Amount	
556 Main Street		2.46	0 8 3 1 1 0 0.2	22
City	State	Zip Code	Form(Cash,Check,etc)	
Groveport	$O \mid H$	43125	Cash	
Full Name		•	Registration Number, if PAC	
Huntington National Bank				
Address	Type*		M D Y Amount	
556 Main Street			0 9 3 0 1 0 0.2	22
City	State	Zip Code	Form(Cash,Check,etc)	
Groveport	$O \mid H$	43125	Cash	
Full Name			Registration Number, if PAC	
Address	Type*	7.	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	<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*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,ete)	7
Full Name	<u> </u>		Registration Number, if PAC	
Address	Type*	<u> </u>	M D V Amount	
	Туре	d.	M D Y Amount	
City	State	Zíp Code	Form(Cash,Check,etc)	

Page Total \$	0.66
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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, SA for the sale of committee assets, or LN for payments received on a loan made.