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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full	on Cala - I							
Groveport Madison Committee For Better Schools					Designation Number #DAC			
Full Name Huntington National Bank					Registration Number, if PAC			
Address	Type*		M	D	Y	Amount		
556 Main Street			0 6	3 0	0 9	0.17		
City	State	Zip Code	Form(Cash,Check,etc)					
Groveport	$O \mid H$	43125	Cash					
Full Name				Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
>								
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
			Cash					
ull Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
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Full Name			Registration Number, if PAC					
Address	Туре*		M	D	Y	Amount		
					i			
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
Full Name		4	Registra	Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
r war egg	1,500							
City	State	Zip Code	Form(C	ash Chec	k etc)			
eny	State	Zip Code	1 01111(0)	Form(Cash,Check,etc)				
Full Name			Registra	Registration Number, if PAC				
			A Communication of the Communi					
Address	Туре*		M	D	Y	Amount		
	VILLED OF THE PROPERTY OF THE							
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
ull Name				Registration Number, if PAC				
Address	Туре*		М	D	Y	Amount		
Cit.	Ctata	Zip Code	Form(C	ach Cha-	l <sub>k</sub> etc)			
City	State	Zip Code	Louni(C	Form(Cash,Check,etc)				
ıll Name				Registration Number, if PAC				
Address	Туре*		М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
	L		1 55 5					

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

<sup>\*</sup> 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,