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## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Groveport Madison Committee For Bett	er Schools	S	
Full Name			Registration Number, if PAC
Huntington National Bank			
Address	Type*		M D Y Amount
	I N		0 1 2 9 1 0 0.19
City	State	Zip Code	Form(Cash,Check,etc)
·			Credit
Full Name			Registration Number, if PAC
Huntington National Bank			
Address	Type*		M D Y Amount
	ı N		0 2 2 6 1 0 0.18
City	State	Zip Code	Form(Cash,Check,etc)
		,	Credit
Full Name			Registration Number, if PAC
Huntington National Bank			
Address	Type*		M D Y Amount
	I N		0 3 3 1 1 0 0.20
City	State	Zip Code	Form(Cash,Check,etc)
		•	Credit
Full Name			Registration Number, if PAC
Huntington National Bank	Type*		M D Y Amount
Addic28	T N		0 4 3 0 1 0 0.21
Cit.	State	Zip Code	Form(Cash,Check,etc)
City	State	Esp code	Credit
CJIN			Registration Number, if PAC
Full Name I Lyntington National Rople			Tropolitation Trainor, it 1110
Huntington National Bank	Tyreak		M D Y Amount
Address	Type*		
0	I N	Zin Codo	0   5   2   8   1   0   0.21 Form(Cash, Check, etc)
City	State	Zip Code	Credit
			Registration Number, if PAC
Full Name			regionation number, it i ac
Huntington National Bank	m		M D Y Amount
Address	Type*		668 I I I
	I N	7in Code	0 6 3 0 1 0 0.20 Form(Cash, Check, etc)
City	State	Zip Code	Credit
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)
	of the second second		

<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,

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