Page1
-------

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full	tor C-1 - 1						
Groveport Madison Committee For Bet	uer Schools		Paris	tion North	ber, if PA	C	
Full Name Huntington National Rank			registrat	aon num	ioci, ii PA	···	
Huntington National Bank	Type*		M	D	Y	Amount	
556 Main Street	ype		<b>333</b>	$\begin{vmatrix} 1 & 1 \\ 3 & 0 \end{vmatrix}$	l i	ount	0.24
City	State	Zip Code	Form(Ca	ash,Check	t,etc)		U.4T
Groveport	OH	43125	1	Cash			
Full Name		10120	Service was a service and a se	Harris and the Company of the Compan	ber, if PA	<b>L</b> C	
Huntington National Bank					, * *		
Address	Type*		M	D	Y	Amount	
556 Main Street			ESSE	3 1	1		0.23
City	State	Zip Code	Form(Ca	ash,Check	c,etc)		3 <b>.2</b> 0
Groveport	$O \mid H$	43125		Cash			
Full Name	<u> </u>		Registra	ARROMANU PRINCIPARANI PRINCIPARA	iber, if PA	(C	
Huntington National Bank			-				
Address	Type*		М	D	Y	Amount	
556 Main Street			0 2	i			0.27
City	State	Zip Code		ash,Check			
			1				
Full Name			Registra	tion Num	ber, if PA	\C	
Address	Type*		М	D	Y	Amount	
					-		
City	State	Zip Code	Form(Ca	ash,Checl	c,etc)		
Full Name			Registra	tion Num	nber, if PA	\C	
Address	Type*		М	D	Y	Amount	*
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)		
Full Name				tion Nun	ıber, if PA	АC	
Address	Type*		M	D	Y	Amount	
			0.000	L		<u></u>	
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)		
					COSMOCHINA		
Full Name			Registra	ition Nun	nber, if PA	4C	
Address	Type*		M	D	Y	Amount	
							MONEY
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
				tonim-	Management		
Full Name Registration Number, if PAC							
Address	Type*		M	D	Y	Amount	
					L		
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
					202000		
			The state of the s	PARTICIPATION OF THE PARTY OF T	CONTROL SELECTION AND ASSESSED.	America in the second broading in the state of the American Spiritary	

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

Page Total \$	0.74
---------------	------

<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,