Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full			<u></u>				
Groveport Madison Committee For Be	etter School	s					
Full Name		<u> </u>	Registratio	on Numb	er, if PA	С	
Huntington National Bank							
Address	Type*	and the property of	M	D	Y	Amount	
556 Main Street			1 2	3 1	1 1		0.06
City	State	Zip Code	Form(Cas	h,Check,	etc)	A TOTAL	
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Full Name			Registration	on Numb	er, if PA	С	
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City	State	Zip Code	Form(Cas	h,Check,	etc)	Mary Hart "	
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Full Name			Registrati	on Numb	er, if PA	.C	
Address	Type*		M	D	Y	Amount	
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City	State	Zip Code	Form(Cas	h,Check,	etc)	100	
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Full Name			Registrati	on Numb	er, if PA	vC	
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Full Name			Registration Number, if PAC				
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Address	Туре*		М	D	Y	Amount	
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Full Name			Registrati	ion Numb	er, if PA	VC.	
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City	State	Zip Code	Form(Ca	sh,Check	,etc)	4	
Full Name			Registrat	ion Numl	oer, if P	AC	
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Address	Type*		М	D	Y	Amount	
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City	State	Zip Code	Form(Ca	sh.Check	,etc)		
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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,