

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Groveport Madison Committee for Better Schools					
Full Name Huntington National Bank				Registration Number, if PAC	
Address PO Box 1558 EA1W37	Type* I N	State O H	Zip Code 43216	M D Y 0 4 3 0 1 4	Amount 0.21
City Columbus				Form (Cash, Check, etc) Cash	
Full Name Huntington National Bank				Registration Number, if PAC	
Address PO Box 1558 EA1W37	Type* I N	State O H	Zip Code 43216	M D Y 0 5 3 0 1 4	Amount 0.24
City Columbus				Form (Cash, Check, etc) Cash	
Full Name				Registration Number, if PAC	
Address	Type*	State	Zip Code	M D Y	Amount
City				Form (Cash, Check, etc)	
Full Name				Registration Number, if PAC	
Address	Type*	State	Zip Code	M D Y	Amount
City				Form (Cash, Check, etc)	
Full Name				Registration Number, if PAC	
Address	Type*	State	Zip Code	M D Y	Amount
City				Form (Cash, Check, etc)	
Full Name				Registration Number, if PAC	
Address	Type*	State	Zip Code	M D Y	Amount
City				Form (Cash, Check, etc)	
Full Name				Registration Number, if PAC	
Address	Type*	State	Zip Code	M D Y	Amount
City				Form (Cash, Check, etc)	
Full Name				Registration Number, if PAC	
Address	Type*	State	Zip Code	M D Y	Amount
City				Form (Cash, Check, etc)	

* 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.