

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full		Registration Number, if PAC	
Groveport Madison Committee For Better Schools			
Full Name		Registration Number, if PAC	
Huntington National Bank			
Address	Type*	M D Y	Amount
556 Main Street		1 2 3 1 1 1	0.06
City	State	Zip Code	Form(Cash,Check,etc)
Groveport	O H	43125	Cash
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)
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)
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)
Full Name		Registration Number, if PAC	
Address	Type*	M D Y	Amount
City	State	Zip Code	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.