31-A-2
R.C. 3517.10(B)

Page 5

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Good Schools Committee				

Full Name			Registration Number, if PAC	
Key Bank				
Address	Type*		M D Y	Amount
88 East Broad Street	I N		06 30 13	0.80
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	Interest	

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.

Page Total $ 0.80