Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Good Schools Committee			
Full Name Huntington National Bank			Registration Number, if PAC
Address	Type*		M D Y Amount \$2,125.85
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name		ingliges (strendistum non arbanous au muse sitemens un se arbanous anima se arbanous anima se arbanous anima s	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 OH	Zip Code	Form (Cash, Check, etc.)
Full Name		nikandakan di dan katan da da masan sa manan ara manan manan kan manika manan penantap	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	man on the section of the little plant of the section of the secti		Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)

2,125.85

Page Total \$

^{*} 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, 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.