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

Statement of Other Income

Page	

Prescribed by Secretary of State 2/01

Di			
Name of Committee in Full Good Schools Committee		•	
Full Name			Registration Number, if PAC
Key Bank			Registration Number, if FAC
Address	Type*	The Property of	M D Y Amount
P.O. Box 22114	IN		0 6 3 0 1 1 \$28.87
City	State	Zip Code	Form (Cash, Check, etc.)
Albany	NY	12201	Interest
Fuil Name			Registration Number, if PAC
Address	Type*	The state of the s	Mi D Y Amount
	RE		रेखा ।
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	Stație OH	Zip Code	Form (Cash, Check, etc.)
Full Name	UП UП		Registration Number, if PAC
I di Name			Registration Nutriber, if TAC
Address	Туре*	1 44 miles 1 mars	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH.		ا ما الله الله الله الله الله الله الله
Full Name			Registration Number, if PAC
Address	Type*	and the grade of the second	. M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Ty/pe*		M D Y Amount
City	RE	Zip Code	Form (Cash, Check, etc.)
city	Stafe OH	Zip Code	the state of the s
Full Name	J 011		Registration Number, if PAC
Address	Type*	975F. 38 35	M D Y Amount
	RE RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH,		
Full Name		, -	Registration Number, if PAC
Address	Type*	Marine The Marine	M D Y Amount
	RE	S. A. P. C. S. C.	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

* 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.

28.87

Page Total \$