R.C. 3517.10(B)

Statement of Other Income

Page Total S

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Good Schools Committee			
Full Name Key Bank			Registration Number, if PAC
	T.L.s		M IN 13
Address 88 East Broad Street	Type*		M D Y Amount 1 2 3 1 1 6 \$0.82
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	
Full Name			Registration Number, 1f PAC
Address	Type*		M D Y Amount
	RE		
Cuy	Stake	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
			ANGESTINIST COMPANY II FAN
Address	Type*		M D Y Amount
	RE		
Сіту	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M IX Y Amount
	L RE		THE STEEL WALL
Cny	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name		<u> </u>	Registration Number, if PAC
			The state of the s
Address	Type*		M D Y Amount
	RE		
City	Stripe OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
			300
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	⊥ он ́		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
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. 0.82