Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full		 						
Good Schools Committee								
Full Name			Registra	tion Num	nhor if D.			
Kev Bank			Registration Number, if PAC					
Address	Type*		М	D	Y	Amount		
88 East Broad Street	IIN		016	310	1 6		0.81	
City	State	Zip Code		ash,Chec			0.01	
Columbus	OLH			ntere				
Full Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
			1					
City	State	Zip Code	Form(Ca	ash,Chec	k etc)			
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
						<u>L</u> .		
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
					1 1			
City	State	Zip Code	Form(C:	ish,Checl	k,etc)			
C HALL				Registration Number, if PAC				
Full Name			Kegistra	non Num	iber, ii Pa	AC.		
Address	Type*		М	D	Y	Amount		
radics	1,76		141	ľ	Ι'n	Zillowii		
City	State	Zip Code	Form(C:	ash,Checl	etc)	<u> </u>		
City		2,5 0000	rome	131,0110				
Full Name			Registration Number, if PAC					
I di Panie				The growth of the control of the con				
Address	Type*		М	D	Y	Amount		
					1 1	1		
City	State	Zip Code	Form(Ca	sh,Check	k,etc)			
Full Name			Registration Number, if PAC					
Address	Type*		М	D	Y	Amount		
					1			
City	State	Zip Code	Form(C:	ish,Chec	k,etc)			
<u></u>								
Full Name			Registra	tion Num	iber, if PA	AC .		
Address	Type*		M	D	Y	Amount		
				1				
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
	<u> </u>							

* 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 \$	31_
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