

Statement of Other Income

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

Full Name of Committee			
Good Schools Committee			
Full Name of Contributor			Registration Number, if PAC
Key Bank			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
88 East Broad Street	Investment/Income	09/30/2018	Interest
City	State	Zip Code	Amount
Columbus	OH	43215	\$.41
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	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.