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Statement of Other Income

Prescribed by Secretary of State 2/01

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| Name of Committee in Full | | - | | | | | | |
| Good Schools Committee | | | | Davis | ion Missel | oer, if PA | | |
| Full Name | | | į | Kegistrai | non Numi | ber, ii PA | - | |
| Key Bank | | | | 3.4 | | - | | |
| Address | Type* | , | * | M | D | Y | Amount | |
| 88 East Broad Street | IN | | 4 | 1 1 | | 1 2 | 0.27 | |
| City | State | Zip Code | | | sh Check | | | |
| Columbus | OH | <u> </u> | 43215 | | ntere | st ber, if PA | | |
| Full Name | | | -11111 | С | | | | |
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| Address | Type* | | | М | D | Y | Amount | |
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| City | State | Zip Code | | Form(Ca | sh Check | ,etc) | | |
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| Full Name | | | | Registration Number, if PAC | | | | |
| tin Name | | | | - | | | | |
| [X.1. | Type* | | 1. 2.4 | М | D | Y | Amount | |
| Address | rype | | | l "i | 1 - | i i | | |
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| Address | Type* | | | M | D, | Y | Amount | |
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| Address | Type* | | | 141 |] [| Ι'n | 1500000 | |
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| ł | | | | | 1 | 1 1 | | |
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| Full Name | | | ···· | Registr | ation Nur | nber, if Pa | AC | |
| · on course | | | | | | | | |
| Address | Type* | Sec. 3. | Park a stage | M | D | Y | Amount | |
| Address | -27 | 1. 18 18 | A 10 5 1 16 | | | | | |
| | State | Zip Coc | e | Form | Cash,Chec | k,etc) | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | |
| City | State | 2.5 000 | ·= | (| , | - / | | |
| | or causes) which indicates the ust | usa af tha C | Wher Income Received: | RE for a | refund u | ncashed o | check or the | |

* 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 \$ 0.27