

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Good Schools Committee									
Full Name Key Bank					Registration Number, if PAC				
Address 88 East Broad Street		Type* I N			M 1 1	D 3 0	Y 1 2	Amount 0.27	
City Columbus		State O H	Zip Code 43215		Form(Cash,Check,etc) Interest				
Full Name					Registration Number, if PAC				
Address		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC				
Address		Type*			M	D	Y	Amount	
City		State	Zip Code		Form(Cash,Check,etc)				

* 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.