Statement of Other Income

Page 9

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Good Schools Committee			(n
Full Name Key Bank			Registration Number, if PAC
Address	Type*		M D Y Amount
88 East Broad Street	IN		0 6 3 0 1 7 \$0.80
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43215	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН	<u> </u>	
Full Name			Registration Number, if PAC
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		300
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.)
	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 D Y Amount
	RE		and the state of t
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

^{*} 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.

O.80

Page Total \$