

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* IN		M 0			D 6	
					Y 3			Y 0	
					Amount \$0.80				
City Columbus			State OH		Zip Code 43215			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M			D	
					Y			Y	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M			D	
					Y			Y	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M			D	
					Y			Y	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M			D	
					Y			Y	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M			D	
					Y			Y	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M			D	
					Y			Y	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M			D	
					Y			Y	
City			State OH		Zip Code			Form (Cash, Check, etc.)	