

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 1	D 2
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$0.81
Form (Cash, Check, etc.)					
Full Name					
Full Name				Registration Number, if PAC	
Address		Type*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Full Name				Registration Number, if PAC	
Address		Type*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Full Name				Registration Number, if PAC	
Address		Type*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Full Name				Registration Number, if PAC	
Address		Type*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Full Name				Registration Number, if PAC	
Address		Type*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Full Name				Registration Number, if PAC	
Address		Type*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name					
Full Name				Registration Number, if PAC	
Address		Type*		M	D
City		State	Zip Code	Y	Amount
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, 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.