

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Good Schools Committee</b>							
Full Name <b>Key Bank</b>				Registration Number, if PAC			
Address <b>88 East Broad Street</b>		Type* <b>IN</b>		M	D	Y	Amount <b>\$0.82</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	1	2	3	1
				1	1	6	
Form (Cash, Check, etc.)							
Full Name							
Address				Registration Number, if PAC			
Address		Type* <b>RE</b>		M	D	Y	Amount
City		State <b>OH</b>	Zip Code				
Form (Cash, Check, etc.)							
Full Name							
Address				Registration Number, if PAC			
Address		Type* <b>RE</b>		M	D	Y	Amount
City		State <b>OH</b>	Zip Code				
Form (Cash, Check, etc.)							
Full Name							
Address				Registration Number, if PAC			
Address		Type* <b>RE</b>		M	D	Y	Amount
City		State <b>OH</b>	Zip Code				
Form (Cash, Check, etc.)							
Full Name							
Address				Registration Number, if PAC			
Address		Type* <b>RE</b>		M	D	Y	Amount
City		State <b>OH</b>	Zip Code				
Form (Cash, Check, etc.)							
Full Name							
Address				Registration Number, if PAC			
Address		Type* <b>RE</b>		M	D	Y	Amount
City		State <b>OH</b>	Zip Code				
Form (Cash, Check, etc.)							
Full Name							
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City		State <b>OH</b>	Zip Code				
Form (Cash, Check, etc.)							
Full Name							
Address				Registration Number, if PAC			
Address		Type* <b>RE</b>		M	D	Y	Amount
City		State <b>OH</b>	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, 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.