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•	•-31-A-2
	R.C. 3517.10(B)

Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·		
Westerville Education Association PAC f	for Schools		
Full Name		 	Registration Number, if PAC
Address	Type*		M D Y Amount
519 S. Otterbein Avenue, Suite 8 City	IN Stație	Zip Code	S0.42
Westerville	OH	43081	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE	7:.0.4	
City	Stație OH	Zip Code	Form (Cash, Check, etc.)
Full Name	011		Registration Number, if PAC
Address	Type*		M D Y Amount
City.	RE	77. 0	
City	Starte OH	Zip Code	Form (Cash, Check, etc.)
Full Name	011		Registration Number, if PAC
Address	Type*		M D Y Amount
a.	RE		
City	St a je OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1 011		Registration Number, if PAC
Address	Type*		M D Y Amount
80.	RE		
City	Stațe OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1 011	1	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	Stație OH	Zip Code	Form (Cash, Check, etc.)
Full Name	011	<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	Stage	Zip Code	Form (Cash, Check, etc.)
Full Name	LOH		Registration Number, if PAC
			,
Address	Type*		M D Y Amount
	RE		
City	Stațe	Zip Code	Form (Cash, Check, etc.)
	OH]	

0.42

Page Total \$

^{*} 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.