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R	LC.	35	17.	10(B)	

Statement of Other Income

	A	
Page	<u> </u>	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Teater for Schools			
Full Name		-	Registration Number, if PAC
Lisa Whiting for School Board			
Address Ch	Туре*		M D Y Amount
851 Claycross Ct.	RE		1 2 0 1 1 3 \$1,867.15
City Galloway	State	Zip Code 43119	Form (Cash, Check, etc.)
Full Name	<u> </u>	43119	Check Registration Number, if PAC
			registration region, it fac
Address	Type*		M D Y Amount
	RE	•	
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Fuli Name			Registration Number, if PAC
Address	Type*		M 150 130 14-
7.00.000	RE RE		M D Y Amount
City	Stake	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name	· 	······	Registration Number, if PAC
Address	Type		M D Y Amount
Ci-	RE	- 2: 0 :	
City	Suate OH	Zip Code	Form (Cash, Check, etc.)
Full Name	į Un		Registration Number, if PAC
			in the second se
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Projection Market (COVC)
T LLI , VALUE	•		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
Courses			
City	RE State	Zip Code	Form (Cash, Check, etc.)
•	ОН	'	, , , , , , , , , , , , , , , , , , , ,
Full Name			Registration Number, if PAC
Address	Туре		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	1	

1,867.15

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.