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	for Schools		
Full Name		<del></del>	Registration Number, if PAC
			registration Number, if PAC
Address	Type*		M D Y Amount
519 S. Otterbein Avenue Suite 8	IN 🔄		\$0.42
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	ОН	43081	
Full Name	<u> </u>		Registration Number, if PAC
Address			
Address	Type*		M D Y Amount
Ciry	RE		
Chy	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
			Registration Number, if PAC
Address	Туре*		
	RE RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН	Lap Cour	Form (Cash, Check, etc.)
Full Name	<u> </u>	<del></del>	Registration Number, if PAC
			registration (variable, it fac
Address	Tyipe*		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
City	RE		
Luy	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		
. 41. 102.110			Registration Number, if PAC
Address	Type*		
	RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		Torm (Casa, Cheek, etc.)
uli Name	1 0.11		Registration Number, if PAC
Address	Type*		Mj D Yj Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
uli Name			Registration Number, if PAC
ddress	Type*		M D Y Amount
	_RE		
ity	State	Zip Code	Form (Cash, Check, etc.)
	OH		

0.42

Page Total \$

<sup>\*</sup> 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.