

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	o. comodio		Registration Number, if PAC
<u></u>			
Address	Type*		M D Y Amount
519 S. Otterbein Avenue, Suite 8	IN		\$0.27
City Westerville	State	Zip Code 43081	Form (Cash, Check, etc.)
Full Name	ОН	43061	Registration Number, if PAC
			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		
run Name			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	71.1.4		
	Type* RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE Stație	Zip Code	Form (Cosh, Charleste)
	OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
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Address	Type*		M D Y Amount
Cin	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	I OH		Registration Number, if PAC
			Aspisation Number, in FAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

0.27

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.