



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Westerville Education Association PAC for Schools			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund Interest	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
519 S. Otterbein Ave. Ste 8			
City	State OH	Zip Code 43081	Amount 0.06
Westerville			
Full Name of Contributor		Registration Number, if PAC	
Street Address		Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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.