31	-A	-2
R.	C. 35	17.10(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 1	for Schools		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
519 S. Otterbein Avenue, Suite 8	l IN		\$0.01
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	
Full Name	·		Registration Number, if PAC
Address			
Address	Type*	•	M D Y Amount
Giy	RE		
1000	Sinte	Zip Code	Form (Cath, Check, etc.)
Full Name	ОН		
·- -			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH.	'	total (called cited, cite,)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	<u> </u>	
Full Name	- -		Registration Number, if PAC
Addition			
Address	Type*		M D Y Amount
City	RE	7. 0.1	
City	Stație	Zîp Code	Form (Cash, Check, etc.)
Full Name	OH		Projection Marshay ISBN 6
			Registration Number, if PAC
Address	Type*		M D Y Amount
	RÉ		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH.		
Full Name		<u> </u>	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	T5.2		16 17-1 17-1
s actual copy	Tvpe*		M D Y Amount
City	RE State	Zip Code	Form (Cach Charlests)
 y	OH	Zip Code	Form (Cash, Check, etc.)
	I Un		

0.01

^{*} 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.