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Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Westerville Education Association PAC f	or Schools		
Full Name	Or Octiools		Registration Number, if PAC
			registration Number, it PAC
Address	Type*		M D Y Amount
519 S. Otterbein Avenue, Suite 8	IN		M D Y Amount \$0.14
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	rom (cast. chex, etc.)
Full Name		1	Registration Number, if PAC
			registration named, it live
Address	Týpe*	<u> </u>	M D Yi Amount
	l RÊ		
City	State	Zip Code	Form (Cash. Check, etc.)
	ОН		Tom (care cheek etc.)
Full Name	0,,		Registration Number, if PAC
Address	Type*		M D Yi Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	l oh		
Full Name		<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name		1	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	Starte	Zip Code	Form (Cash, Check, etc.)
	OH		
Full 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	Týpe*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	I OH		

0.14

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.