

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Westerville Education Association PAC for Schools							
Full Name		Type*		M	D	Y	Amount
Chase		IN					3.39
Address		City		Form (Cash, Check, etc.)			
		Westerville		electronic			
State		Zip Code		Form (Cash, Check, etc.)			
Ohio		43081					
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Form (Cash, Check, etc.)			

* 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.