

Statement of Other Income

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full Westerville Education Association PAC for Schools					
Full Name			Registration Number, if PAC		
Address 519 S. Otterbein Avenue, Suite 8		Type* IN	M	D	Y
City Westerville		State OH	Zip Code 43081		Amount \$0.06
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type* RE	M	D	Y
City		State OH	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type* RE	M	D	Y
City		State OH	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type* RE	M	D	Y
City		State OH	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type* RE	M	D	Y
City		State OH	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type* RE	M	D	Y
City		State OH	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type* RE	M	D	Y
City		State OH	Zip Code		Amount
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address		Type* RE	M	D	Y
City		State OH	Zip Code		Amount
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.

Page Total \$

0.06