

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Westerville Education Association PAC for Schools									
Full Name Bank One						Registration Number, if PAC			
Address P.O. Box 260180		Type* IN				M 1	D 2	Y 3	Amount \$1.79
City Baton Rouge		State LA		Zip Code 70826		Form (Cash, Check, etc.) electronic (interest)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC			
Address		Type* RE				M	D	Y	Amount
City		State OH		Zip Code		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.