31-A-2
R.C. 3517.10(B)

Statement of Other Income

		\Box
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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Westerville Education Association PAC	for Schools		
Full Name	101 00110015		
			Registration Number, if PAC
Address	Type*		
519 S. Otterbein Avenue, Suite 8	IN IN		M D Y Amount
City	State	Zip Code	\$0.03
Westerville	OH	43081	Form (Cash, Check, etc.)
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			Registration Number, if PAC
Address	Type*	_	
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Full Name	1 011		
			Registration Number, if PAC
Address	Type*		
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	OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1 011		
			Registration Number, if PAC
Address	Type*		
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City	State	Zip Code	
	OH	Zip Code	Form (Cash, Check, etc.)
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Address	Type*		
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Idress	Tvpe*		M D Y Amount
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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.