

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Hilliard Education Association PAC					
Full Name Ohio Education Association				Registration Number, if PAC	
Address 225 East Broad St.		Type* RE <input checked="" type="checkbox"/>	M D Y 1 0 0 3 1 3		Amount 2745.69
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43216		Form (Cash, Check, etc.) check
Full Name United States Postal Service					
Address 850 Twin Rivers Dr.		Type* RE <input checked="" type="checkbox"/>	M D Y 1 0 2 2 1 3		Amount 276.00
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43216		Form (Cash, Check, etc.) money order
Full Name					
Address		Type* <input checked="" type="checkbox"/>	M D Y		Amount
City		State OH <input checked="" type="checkbox"/>	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address		Type* <input checked="" type="checkbox"/>	M D Y		Amount
City		State OH <input checked="" type="checkbox"/>	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address		Type* <input checked="" type="checkbox"/>	M D Y		Amount
City		State OH <input checked="" type="checkbox"/>	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address		Type* <input checked="" type="checkbox"/>	M D Y		Amount
City		State OH <input checked="" type="checkbox"/>	Zip Code		Form (Cash, Check, etc.)
Full Name					
Address		Type* <input checked="" type="checkbox"/>	M D Y		Amount
City		State OH <input checked="" type="checkbox"/>	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.