

# 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 0	D 2
City Baton Rouge		State LA	Zip Code 70826	Y 7	Amount \$1.30
				Form (Cash, Check, etc.) Electronic (Interest)	
Full Name Bank One					
Address P.O. Box 260180		Type* RE		M 0	D 3
City Baton Rouge		State LA	Zip Code 70826	Y 1	Amount \$1.08
				Form (Cash, Check, etc.) Electronic (Interest)	
Full Name					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name					
Address		Type* RE		M	D
City		State OH	Zip Code	Y	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.