



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Westerville Education Association PAC for Schools			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
519 S. Otterbein Ave. Ste 8	Interest		
City	State	Zip Code	Amount
Westerville	OH	43081	\$0.10
Full Name of Contributor		Registration Number, if PAC	
Street Address		Type* Refund	Date (MM/DD/YYYY)
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address		Type* Refund	Date (MM/DD/YYYY)
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address		Type* Refund	Date (MM/DD/YYYY)
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address		Type* Refund	Date (MM/DD/YYYY)
City	State	Zip Code	Amount
	OH		

* 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.