

Statement of Other Income

Form 31-A-2

.C. 3517.10(B)

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Full Name of Committee				
Cubsterville Education Association PAC for Schools				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
519 S. Otterbein Ave Ste 8	Refund Interest			
City	State	Zip Code		Amount
519 S. Otterbein Ave. Ste 8 City Westerville	он	43	081	80.10
Full Name of Contributor		Registration Number, if PAC		
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
·	Refund	,		
City	State	Zip Code	×	Amount
	он			,
Full Name of Contributor Registration Number, if PAC				er, if PAC
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Street Address	Type*	Date (MM/DD/YYYY) Form (Cash, Check, etc.)		Form (Cash, Check, etc.)
	Refund	Date (MVIII DS) 1111)		Tom (Substitution)
City ·	State	Zip Code Am		Amount
on,	OH	Zip Godd /Allo		Amount
Full Name of Contributor		Registration Number, if PAC		
	·			
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code A		Amount
	ОН			
Full Name of Contributor		Registration Number, if PAC		
:			:	`
Street Address	Type*	Date (MM/DI	DMYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code Amount		Amount
	он			
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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.