

# Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full <b>Westerville Education Association PAC for Schools</b>						Registration Number, if PAC					
Full Name		Type*		M		D		Y		Amount	
Address 519 S. Otterbein Avenue, Suite 8		IN								\$0.06	
City Westerville		State OH		Zip Code 43081		Form (Cash, Check, etc.)					
Full Name						Registration Number, if PAC					
Address		Type*		M		D		Y		Amount	
		RE									
City		State OH		Zip Code		Form (Cash, Check, etc.)					
Full Name						Registration Number, if PAC					
Address		Type*		M		D		Y		Amount	
		RE									
City		State OH		Zip Code		Form (Cash, Check, etc.)					
Full Name						Registration Number, if PAC					
Address		Type*		M		D		Y		Amount	
		RE									
City		State OH		Zip Code		Form (Cash, Check, etc.)					
Full Name						Registration Number, if PAC					
Address		Type*		M		D		Y		Amount	
		RE									
City		State OH		Zip Code		Form (Cash, Check, etc.)					
Full Name						Registration Number, if PAC					
Address		Type*		M		D		Y		Amount	
		RE									
City		State OH		Zip Code		Form (Cash, Check, etc.)					
Full Name						Registration Number, if PAC					
Address		Type*		M		D		Y		Amount	
		RE									
City		State OH		Zip Code		Form (Cash, Check, etc.)					
Full Name						Registration Number, if PAC					
Address		Type*		M		D		Y		Amount	
		RE									
City		State OH		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.

0.06

Page Total \$