31-A-2
° R.C. 3517.10(B)

## Statement of Other Income

Page _	

Prescribed by Secretary of State 2/01

Name of Committee in Full		<del></del>	
Westerville Education Association PAC for	or Schools		
Full Name	-		Registration Number, if PAC
Address	Tylpe*		M D Y Amount
519 S. Otterbein Avenue, Suite 8	IN		\$0.06
City Westerville	Stagle	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН	43081	Partition in Number 11 22 C
			Rogistration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
			registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	Į On		Registration Number, if PAC
			-
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1 011		Registration Number, if PAC
Address	Type*		Me D Y Amount
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City	Stage OH	Zip Code	Form (Cash. Check, etc.)
Full Name	Į On		Registration Number, if PAC
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Address	Type*		M D Y Amount
	RE		
City	Stație OH	Zip Code	Form (Cash, Check, etc.)
Full Name	J On		Registration Number, it PAC
Address	Type*		M D Y Amount
	RE		
City	<b>ी व</b> ि	Zip Code	Form (Cash, Chock, etg.)
P.B.V	L_OH		Decision Number (2016)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
·	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

0.06

Page Total \$

<sup>\*</sup> 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.