31-A-2
R.C. 3517.10(B)

Statement of Other Income

	2
Lage	

Prescribed by Secretary of State 2/01

Dr. 60 - 50			
Name of Committee in Full Westerville Education Association PAC for	or Schools		
Full Name	01 00110013		Registration Number, if PAC
Address	Type*		M D Y Amount
519 S. Otterbein Avenue, Suite 8	IN		\$0.23
City Westerville	Stațe OH	Zip Code 43081	Form (Cash, Check, etc.)
Full Name		10001	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	Stațe	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
			regulation relation, if the
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Ball V	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		
ruii Name			Registration 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
run Name			Registration Authors, if FAC
Address	Type*		M D Y Amount
	RE		
City	Stație	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
P. W. V.	OH		Registration Number, if PAC
Full Name			registration number, it fre
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

0.23

Page Total \$

^{*} 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.