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

Page ______

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Westerville Education Association PAC for Schools

Full Name			Registration Number, if PAC				
Address: 519 S. Otterbein Ave. Suite 8	Type*: IN		M	D	Y	Amount: $1.70
City: Westerville	State: OH	Zip Code: 43081	Form (Cash, Check, etc.)			

Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			

Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			

Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			

Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			

Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			

Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			

Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
City	State	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.

Page Total $ 1.70