

## Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full TEACHERS FOR BETTER SCHOOLS									
Full Name Fifth Third Bank					Registration Number, if PAC				
Address PO Box 630900			Type I N	1 M 0 2 7 1 0			Amount 0.06		
City Cincinnati			State O H	Zip Code 43205			Form (Cash, Check, etc) Cash		
Full Name Paula Brooks for Congress					Registration Number, if PAC				
Address 550 E Walnut St			Type R E	1 M 1 0 4 1 0			Amount 1,500.00		
City Columbus			State O H	Zip Code 43215			Form (Cash, Check, etc) Check/Money Order		
Full Name Kilroy for Congress					Registration Number, if PAC				
Address PO Box 2582			Type R E	1 M 1 0 4 1 0			Amount 1,500.00		
City Columbus			State O H	Zip Code 43216			Form (Cash, Check, etc) Check/Money Order		
Full Name fifth Third Bank					Registration Number, if PAC				
Address PO Box 630900			Type I N	1 M 1 2 6 1 0			Amount 0.15		
City Cincinnati			State O H	Zip Code 43205			Form (Cash, Check, etc) Cash		

\* 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 \$ 3,000.21