

Statement of Other Income

Page 1

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					M 1		D 2		Y 7		1		3		Amount 0.27			
City Cincinnati					State O H		Zip Code 45263			Form (Cash, Check, etc) Cash													
Full Name Fifth Third Bank										Registration Number, if PAC													
Address PO Box 630900					Type I N					M 0		D 1		Y 2		9		1		4		Amount 0.31	
City Cincinnati					State O H		Zip Code 45263			Form (Cash, Check, etc) Cash													
Full Name Fifth Third Bank										Registration Number, if PAC													
Address PO Box 630900					Type I N					M 0		D 2		Y 6		1		4		Amount 0.23			
City Cincinnati					State O H		Zip Code 45263			Form (Cash, Check, etc) Cash													
Full Name Fifth Third Bank										Registration Number, if PAC													
Address PO Box 630900					Type I N					M 0		D 3		Y 2		7		1		4		Amount 0.26	
City Cincinnati					State O H		Zip Code 45263			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 \$ 1.07