31A-2 R.C. 3517 10/B)

Statement of Other Income

Page	<u>1</u>	

Prescribed by Secratary of State 2/01

Name of Committee in Full	TEACHERS FOR BETTER SCH	100	LS										
Full Name Fifth Third Bank						Req	istratı	on Nu	umber	. if PA	С		
Address PO Box 630900		Typ:	e N			1	0	2	9	1	2	Amount	0.01
City Cincinnati		OSI	State Zip Code				Form (Cash, Check, etc) Cash						aliananisti
Full Name Fifth Third Bank						Reg	ıstrati	on No	umber	. if PA	c		
Address PO Box 630900		Typ	N		B. L. Cambridge	1	1	2	8	1	2	Amount	0.09
City Cincinnati		O	tate H	Zip Code 4526			n (Ca ash	sh. Ci	heck,	etc)			Academical Communication of the Communication of th

Page Total \$ 0.10

^{*} 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.