

## 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										Registration Number, if PAC																											
5/3 Bank																																					
Address					Type		I			N			0					M		D		6		1		Y		9		Amount		0.29					
City					State		O			H			Zip Code					Form (Cash, Check, etc)					Cash														
Columbus																																					
Full Name										Registration Number, if PAC																											
5/3 Bank																																					
Address					Type		I			N			0					M		D		7		9		1		Y		9		Amount		0.38			
City					State		O			H			Zip Code					Form (Cash, Check, etc)					Cash														
Columbus																																					
Full Name										Registration Number, if PAC																											
5/3 Bank																																					
Address					Type		I			N			0					M		D		8		1		Y		9		Amount		0.38					
City					State		O			H			Zip Code					Form (Cash, Check, etc)					Cash														
Columbus																																					
Full Name										Registration Number, if PAC																											
5/3 Bank																																					
Address					Type		I			N			0					M		D		9		2		6		1		Y		9		Amount		0.39	
City					State		O			H			Zip Code					Form (Cash, Check, etc)					Cash														
Columbus																																					

\* 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 \$ 1.44