

Statement of Other Income

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	D	Y	Amount	
					0	4	2	3	1
					2				2
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	D	Y	Amount	
					0	5	2	9	1
					2				2
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	D	Y	Amount	
					0	6	2	7	1
					2				2
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	D	Y	Amount	
					0	7	2	7	1
					2				2
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	D	Y	Amount	
					0	8	2	9	1
					2				2
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	D	Y	Amount	
					0	9	2	6	1
					2				2
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.