31A-2 R.C. 3517 10/8:

Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full	TEACHERS FOR BETTER SCH	100	LS									· <u>·</u>
Full Name Fifth Third Bank	· · · · · · · · · · · · · · · · · · ·				Req	istrat	ion N	umbe	r. if PA	AC		- :
Address PO Box 630900		Type	N		1	и 2	2 ^D	9	1	5	Amount	0.08
City Cincinnati		O I	H	Zip Code 45263	Form (Cash, Check, etc) Cash					,		12 32
Full Name Fifth Third Bank	· · · · · · · · · · · · · · · · · · ·				Req	istrat	ion N	umbei	r, if PA	\C		
Address PO Box 630900		Type	N		0	<u> </u> 1	2	7	1	6	Amount	0.11
City Cincinnati		O I	H H	Zip Code 45263		n (Ca		neck.	etc)	•	F. 7-17	

* 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.

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