## **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Teachers for Better Schools								
Full Name				Registration Number, if PAC				
Fifth Third Bank								
Address	Type*		M	D		Amount		
P.O. Box 630900	I N		1:0	2.9	20 08		0.08	
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
Cincinnati	ОН	43205-1101	Dire	Direct Deposit				
ull Name			Registration Number, if PAC					
Fifth Third Bank								
	Type*		M	D	Y	Amount		
Address	l l			1 1			0.14	
P.O. Box 630900	IN	2: 0 1	1 1				0.14	
City	State	Zip Code	1	Form(Cash,Check,etc)				
Cincinnati	O H	43205-1101	Direct Deposit					
Full Name				Registration Number, if PAC				
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City	State	Zip Code	Form(Ca	ash,Check	,etc)			
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Full Name				Registration Number, if PAC				
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Address	Type				'	/ timount		
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City	State	Zip Code	Form(C	asii,Check	.,e(c)			
Full Name			Registration Number, if PAC					
Address	Type*		M	D	Y	Amount		
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Full Name				Registration Number, if PAC				
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	Type*		M	D	Y	Amount		
Address	Турс		, A.		1	,		
		7. 0.1	E . (0	1 (1)	1			
City	State	Zip Code	ronn(C	ash,Check	(,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
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City	State	Zip Code	Form(C	ash,Check	(,etc)			
Full Name			Registration Number, if PAC					
THE INDICE			1.08,500		,	-		
	r*		M	D	Y	Amount		
Address	Type*		IVI		,	Amount		
		*		<u> </u>	<u></u>			
City	State	State Zip Code		Form(Cash,Check,etc)				
					400040000000000000000000000000000000000			
		0.1 0.1 7 70 1	1 12 12 0	C 1	1 1	1 1 .3		

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 0.22

<sup>\*</sup> 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, place the letters IN for any investment or interest income earned by the committee,