Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Earl			-	***************************************				
Name of Committee in Full Togghors for Bottor Schools								
Teachers for Better Schools					, , , , , , , , , , , , , , , , , , ,			
Full Name			Kegistrati	ion Numl	ber, if PA	C		
Fifth Third Bank								
Address	Туре*		М	D		Amount		
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City	State	Zip Code	Form(Cas	sh,Check	(,etc)			
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ill Name					ber, if PA	С		
Fifth Third Bank		1			• •			
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P.O.Box 630900		Zip Code		sh,Check			U.//	
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Full Name			Kegistrat	uon Num	ber, if PA	NC.		
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SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 2.16

^{*} 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,