

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		Y		Amount			
PO Box 630900					I N					0 6		2 7		1 8		0.53			
City					State		Zip Code			Form (Cash, Check, etc)									
Cincinnati					O H		45263			Cash									
Full Name										Registration Number, if PAC									
Fifth Third Bank																			
Address					Type					M		D		Y		Amount			
PO Box 630900					I N					0 7		2 7		1 8		0.48			
City					State		Zip Code			Form (Cash, Check, etc)									
Cincinnati					O H		45263			Cash									
Full Name										Registration Number, if PAC									
Fifth Third Bank																			
Address					Type					M		D		Y		Amount			
PO Box 630900					I N					0 8		2 9		1 8		0.50			
City					State		Zip Code			Form (Cash, Check, etc)									
Cincinnati					O H		45263			Cash									
Full Name										Registration Number, if PAC									
Fifth Third Bank																			
Address					Type					M		D		Y		Amount			
PO Box 630900					I N					0 9		2 6		1 8		0.46			
City					State		Zip Code			Form (Cash, Check, etc)									
Cincinnati					O H		45263			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.