

## Statement of Other Income

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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	1   M   2   D   9   1   Y   4										Amount 0.05
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	0   M   1   D   2   8   1   Y   5										Amount 0.08
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	0   M   2   D   2   5   1   Y   5										Amount 0.11
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	0   M   3   D   2   7   1   Y   5										Amount 0.13
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.

Page Total \$ 0.37