

# 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			M	D	Y	Amount					
							0	6	2	6	1	4	0.04		
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			M	D	Y	Amount					
							0	7	2	9	1	4	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			M	D	Y	Amount					
							0	8	2	7	1	4	0.09		
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			M	D	Y	Amount					
							0	9	2	6	1	4	0.03		
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 \$ 0.21