Statement of Other Income

Page <u>l</u>

Prescribed by Secratary 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 2 2 8 1 6 Amount	0.06
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 2 7 1 7 Amount	0.10
City Cincinnati	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 2 4 1 7 Amount	0.13
City Cincinnati	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 2 9 1 7 Amount	0.19
Citv Cincinnati	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.