Statement of Other Income

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Prescribed by Secratary of State 2/01

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Name of Committee in Full	TEACHERS FOR BETTER SCH	OOLS			
Full Name Fifth Third Bank			· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC	
Address PO Box 630900		Type I N		0 4 2 7 1 6	Amount 0.14
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 N		0 5 2 6 1 6	Amount 0.17
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 6 2 8 1 6	Amount 0.13
City Cincinnati		State O H	Zip Code 45263	Form (Cash, Check, etc) Cash	
Full Name Fith Third Bank				Registration Number, if PAC	
Address PO Box 630900		Type 1 N		0 7 2 7 1 6	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 8 2 9 1 6	Amount 0.13
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 9 2 8 1 6	Amount 0.07
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.